

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE
PHARMACY GUIDE HEADLICE

7 September 1996

MCA to give yellow card to pharmacists?

Labour RPM petition presented to OFT

Update: diuretics, team work and indigestion

Business statistics reveal feel-good factor

Chemex '96:
successful relocation to Olympia



Medihealth makes a bid for Lloyds' depots

Inside: *C&D Guide to OTC Medicines*

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SB SmithKline Beecham
Consumer Healthcare

The Labour petition in support of Resale Price Maintenance was presented to the Office of Fair Trading this week. But what happens now? The next move is down to the director general of Fair Trading. He could announce that he intends to go to court, give no further details and hope the united front presented by manufacturers will crack. This is how the Net Book Agreement was scuppered. However, this outcome is unlikely, given that the industry remains rock solid behind RPM. If he does decide to go to court, there will be an initial hearing followed by a full review. This could take up to two years. Meanwhile, RPM continues and, of course, if the court decides there is no change in circumstances, it goes on indefinitely. Alternatively, the DG could announce that he is satisfied that there is no material change in circumstance, in which case RPM again continues indefinitely or until reviewed under new competition law (of which more anon). It is unlikely the DG will take such a clear-cut stand. He may feel the issue cannot be resolved simply by reviewing the 1970 judgment, now 26 years old. He is also aware that there is a new Competition Bill planned (the consultation period ends in October). The Department of Trade has mooted taking the current Resale Prices Act exemptions into the new law, but this course needs to be pressed by the pharmacy lobby. The political climate is important here, since the new law may be dropped if there is a change in Government. If it is not, pharmacists and manufacturers will have at least six years before RPM is again in the spotlight. Pharmacists should appreciate that the support of OTC manufacturers will remain key to their future livelihood in more ways than one in the years ahead, since it is unlikely RPM will be left untouched for another quarter of a century.

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MCA to consult with pharmacists on ADR reporting 312

RPSGB and MCA discussing ways of reporting adverse reactions

Labour's RPM petition presented to OFT 313

30,000 signatures gathered to support Resale Price Maintenance

Hygiene standards in pharmacies lag behind food stores 314

United Norwest Co-op pharmacy controller calls for direct
 handling of tablets and capsules to be outlawed



Abbott launches new HIV drug 316

Norvir: latest protease inhibitor

Pharmacy Update i-viii

A multidisciplinary approach to audit;
 rationalising diuretics; and indigestion

Chemex '96 Show Review 325

The UK's major pharmacy exhibition

Dietary antioxidants and health 328

C&D/Roche Chemex workshop report



Business statistics find 'feel-good' factor is growing 331

Consumer spending set to expand by 3 per cent, says CBI

Medihealth bids for Lloyds' wholesale depots 332

Undisclosed bid has been placed for wholesaling depots in
 Cambridge, Coudsdon, Derby, Glasgow, York and Belfast

Norton Healthcare launches new membership scheme 333

Norton Advantage to boost sales of generics

REGULARS

News 312 Chemex Workshop Report 328

Northern Ireland Notebook 315 Business News 332

Topical Reflections 315 Coming Events 333

Prescription Specialities 316 Classified Advertisements 334

Counterpoints 318 Business Link 335

Chemex Review 325 About People 338

Education on compliance

There is a need for the public to be made aware of the benefits of adherence to medicine regimens, believes the College of Pharmacy Practice.

They should also be told of the cost to the nation of non-compliance in terms of wasted medicines, wasted time of healthcare professionals and poorer patient health. National campaigns increasing public awareness should be supported by local initiatives, comments the College in its response to the Royal Pharmaceutical Society's consultative document, 'Partnership in medicine-taking'.

Public education should start at an early age in schools and use be made of the increasing attention paid to health matters by newspapers and magazines.

The problem of achieving adherence must be given greater priority in professional education and should form part of continuing education programmes for all healthcare professionals, CPP believes. Education and training programmes should be multidisciplinary to allow professionals to share their expertise and experience.

The College suggests that adherence to medicine-taking should be included as a major area in NHS research and development strategy. Patient information leaflets have the potential for decreasing adherence rather than increasing it, so early research in this area is essential to discover the outcomes of providing patients with information.

Have you got a raid recorded?

The BBC1 programme 'Crime Beat' is looking for footage of pharmacy hold-ups for broadcasting in January.

Anne Vaughan, who is researching the programme, is keen to highlight the problems that community pharmacists face. "They are especially vulnerable from criminal attacks and theft from both drug dealers, users and the like," she says.

If you have recorded anything that might interest 8.8 million viewers on video or CCTV, call Ms Vaughan in complete confidence on 0171 436 3310.

Yellow card for OTCs?

The Medicines Control Agency is soon to consult pharmacists on how they should be involved in the reporting of adverse drug reactions.

The Royal Pharmaceutical Society has been discussing with the MCA ways in which pharmacists could report adverse reactions to both prescription and non-prescription medicines. A national scheme for hospital pharmacists is to be set up and, within the next couple of months, the MCA is to issue a consultative document giving ideas for community pharmacist involvement.

Roger Odd, the Society's head

of practice, told a Chemex forum on Monday that one option might be for community pharmacists to report directly via the yellow card system. He said the Society would like to see schemes in place as soon as possible after the MCA's consultation process. But it could take some time to train pharmacists and to agree on the right protocols for obtaining and reporting the information. Hospital pharmacists were already being trained for this function.

Mr Odd believed pharmacist involvement was long overdue. The present system required adverse reaction reports to go

through doctors, but pharmacists were in a much better position to report reactions to non-prescription medicines as GPs were often unaware that patients had taken them.

It would, however, be important to set up links with GPs as pharmacists would need to be aware of patient profiles. Preliminary discussions with the British Medical Association suggested that doctors would be happy for pharmacists to report ADRs, providing doctors had a part in the consultation process.

The forum was organised jointly by *Chemist & Druggist* and Roche Consumer Health.

Practice changed by CPPE

Centre for Pharmacy Postgraduate Education courses have changed the way pharmacists practise, a survey has found.

Miall James, CPPE tutor for South Essex, says that two-thirds of local pharmacists replying to a questionnaire had made practice changes as a result of CPPE

activity. Although he has not yet analysed the findings in depth, he says many pharmacists found that communication with patients had improved. Mr James says it was interesting that older pharmacists – some in their 60s – had made changes, as well as the younger ones.

Parents want drug information

Parents want more information about illegal drugs and their dangers but they do not regard pharmacies as the main source of this information, a survey has shown.

The nationwide survey found that 61 per cent of parents did not feel well informed about illegal drugs and 86 per cent wanted to see more information specifically for them. When asked

where they would like information to be available, 49 per cent said television programmes, 19 per cent schools and 15 per cent pharmacies. Addiction was their main cause of concern, more so than death from drug abuse.

Parents had little knowledge about the signs of drug use and were particularly worried about ecstasy and heroin use.

Which? focuses on supplements

Manufacturers may be breaking the law in promoting dietary supplements, claims this month's *Which?* magazine.

Medicinal claims are being made for unlicensed products, including advertising on the Internet, says the magazine. Some herbal products are sold under brand names, but should only be called by the herb's generic name if sold as a dietary supplement, it claims.

Which? is calling for stricter controls on the sale of dietary supplements after a survey found that 40 per cent of those inter-

viewed believe that such products are medicines. Only a quarter recognise that dietary supplements are regulated as foods.

The magazine wants to see the following introduced:

- a register for all products, and a list of acceptable claims
- tighter controls on labelling
- warnings of risks of side-effects
- quality assurance standards

East Anglia Trading Standards officers are pursuing cases in which the Medicines Control Agency judged that some products were making medicinal claims without a licence.

Surgichem's PCS gains CPP accreditation

Surgichem subsidiary Pharmaceutical Care Services has been accredited by the College of Pharmacy Practice as a provider of postgraduate pharmacy training.

PCS already has 15 training modules which now fulfil criteria for providing four hours each of accredited training. Two new modules are also being launched: 'Pharmaceutical care: a patient focused approach' provides eight hours' learning, and 'Working with GPs' provides 22 hours.

Further details from Dr Andy Gitsham on 0161 406 7177.

C&D's Guide to OTC Medicines

The ninth edition of *Chemist & Druggist's Guide to OTC Medicines* is included in this issue. Apologies to subscribers who expected to find it in last week. A printer's error, which came to light late in the day, forced us to suspend distribution.

The *Guide* lists all P or GSL licensed allopathic, homeopathic and herbal medicines under 39 therapeutic categories. It is recommended reading for medicine counter assistants using *C&D's* Cambridge Counterpart course.

Further copies are available at £7.50 to subscribers (£10 non-subscribers). Cheques should be made payable to Miller Freeman Professional and sent to Jan Powis, *C&D*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.



Station to count as neighbourhood?

A pharmacy planning to open in a railway station has made reference to the recent neighbourhood ruling in its application.

The application to open a pharmacy in Templemead Station, Bristol, made in the name of Alison Shirley, cites the Justice Tucker decision (*C&D* June 1, p753). This says that a neighbourhood need not be dependent on having a residential area. The Christiansen case of four years ago is cited in support of the

application, which involved a pharmacy opening in a shopping centre. Several city mainline stations already have pharmacies.

Avon Health Authority has granted the contract, saying that the application was desirable, as there is a small residential population in the vicinity of the station, and that the area is not currently served by a community pharmacy. Local pharmacists are set to appeal against the HA's decision on the grounds that the

new pharmacy is unnecessary and will not offer additional services. They believe that if the pharmacy is to provide a service for the large number of commuters it should open from 7.00am to 10.00pm.

Avon HA spokeswoman Mrs Pelter says that all pharmacy applications have to satisfy the requirements that the pharmacy is necessary and desirable. She was not prepared to comment on any specific case.

RPM petition presented

A petition of 30,000 signatures supporting Resale Price Maintenance has been presented to the Office of Fair Trading.

The presentation of the petition, organised by the Labour Party, was made on Wednesday by shadow consumer minister Nigel Griffiths MP and Brenda Prentice MP. National Pharmaceutical Association deputy director John Darcy and Bill Mickey MP were also present.

Mr Griffiths co-ordinated the campaign by asking local Labour groups to collect the petition through community pharmacies (*C&D* July 13, p11).

Other groups that have expressed their support for the Community Pharmacy Action Group's fight to keep RPM include the Patient's Association, the Women's Institute, Scope, Mind, National Aids Trust and Pensioners Voice.

● The Consumers' Association has responded to the OFT, supporting the ending of RPM. "We think that RPM should be removed, but there should be a review of the way in which pharmacists are remunerated," says Phil Green of the CA. "RPM is the wrong tool for the job – taxing consumers is not the best way." Other issues the CA consider important are the Essential Small Pharmacies Scheme and entry.

Hospital statistics

There were 8,150 pharmacy staff out of a total of 764,210 employed by NHS hospitals and community health services as of September, 1995. Two out of three hospital and community health service staff are engaged in direct patient care. These figures come from the Department of Health Statistical Bulletin, 'NHS Hospital and Community Health Services Non-medical Staff in England: 1985-95'. It uses new codes to make records by employee occupation, as opposed to the old method which used pay scales.

New nurse prescribing body

The Association of Nurse Prescribing is being set up to promote nurse prescribing to the medical professions, politicians and the public. It also aims to encourage networking between people interested in nurse prescribing. Baroness Cumberlege is to be its patron and membership is open to all healthcare professionals. For further information, contact Pat Anderson on 0171 843 4525.

Next patient packs

The pharmaceutical industry is trying to keep to schedule with the introduction of patient packs. The next phase – cardiac therapy, anti-haemorrhoidal preparations, antineoplastic agents and immunosuppressants (excluding endocrine therapy products) – is due to start on September 1. A spokesman for the Association of the British Pharmaceutical Industry said a few products in this group were already appearing in patient packs in spite of regulations not yet being promulgated.

Preston pharmacy

An independent pharmacist has been granted permission to open in a new health centre on a housing estate in Fulwood, Preston, after a two-year campaign by local residents. Local pharmacists appealed against North West Lancashire Health Authority's decision to grant the contract, but the decision was upheld.

South Humber GPs implement voluntary ban on Diconal to combat increasing violence

Over three-quarters of GPs in South Humber have implemented a voluntary ban on Diconal prescribing in an attempt to cut violence against surgery staff.

Posters in surgeries inform patients that other alternatives are available for severe pain and

that, for those addicted to the drug, the surgery does not have the required Home Office licence to prescribe. The health authority has warned pharmacists to reassess their stockholding of Diconal in view of the ban.

David Fullard, head of consumer and corporate relations,

South Humber Health Authority, told *C&D* that Grimsby, in particular, had a major problem with Diconal abuse, with an associated increase in verbal and physical violence against GPs and their staff. Addicts inject the crushed tablets or sell them to get money for other drugs,

such as cocaine.

Mr Fullard said that the area led the way with a voluntary ban on temazepam two years before it was blacklisted. He hoped for similar action on Diconal.

Glaxo Wellcome believes the decision to prescribe should remain at doctor-patient level.

Oldham pharmacist restored to Register

An Oldham pharmacist, struck off almost three years ago after being convicted of a "systematic fraud", was restored to the Register by the Royal Pharmaceutical Society's Statutory Committee last week.

Kantilal Haridas Agravat of Hyde, Cheshire, who was director of Pharmaco Chemists, Manchester, had been sentenced to six months' imprisonment at Manchester Crown Court in 1992 after being found guilty of attempting to obtain property by deception.

The original Pharmaco company no longer exists, but another company took it over, retaining three of its four shops and using its trading name. Mr Agravat is a 75 per cent shareholder in this company.

Pharmacy hygiene slammed

Hygiene standards in pharmacies lag way behind those in food stores, claims Geoff Flint, controller of the United Norwest Co-op pharmacy chain. He believes the direct handling of tablets and capsules should be outlawed.

Mr Flint told pharmacists this week that those who deliberately ignored the premises' standards laid down by the Royal Pharmaceutical Society should be struck off. "Lack of investment in premises should not be tolerated when some sub-standard premises are producing a high net profit for their owners," he told a regional conference on 'Community pharmacy futures' at Keele University. Pharmacies could learn a lot from food retailers,

such as the recording of house-keeping procedures, fridge temperatures and date stock checks.

"The delicatessen in your local superstore is scrupulously clean," he maintained. "Staff are in freshly-laundered white coats and everything is underpinned by rigorous procedures to make sure the product purchased is as fresh as possible. Customers would be appalled if the delicatessen staff were counting money on the counter or checking invoices, yet in pharmacy dispensaries a whole range of tasks is undertaken which are in conflict with best hygiene practice."

Mr Flint thought that all non-pharmaceutical tasks, including the initial receipt of telephone

calls, should be removed from dispensaries, which should become restricted areas allowing access only to authorised staff and defined visitors.

"Only then will the dispensing and supervision process be perceived as the highly-professional, high-responsibility and potentially high-risk functions they are," he said.

He also suggested pharmacies should extend their opening hours: "If you have a toothache in the evening, you can ring a dentist. If your dog is ill at night, you can ring the vet, but should you need an urgent prescription 'contact the local police' is likely to be the advice of your local pharmacy leaflet."

Use of generics frees resources

Prescribing cheaper but equally effective generic drugs is one way to minimise conflict between a doctor's responsibility to provide the best patient care, while continuing to serve society at a time of NHS constraints.

Professor David Sackett, director of the NHS Centre for Evidence-based Medicine, believes that prescribing generically frees resources for other uses, as does providing equally-effective clinical and other healthcare in less

expensive settings or by less costly health professionals. "The identification and dissemination of such alternatives deserves the high priority it is beginning to receive," he writes in 'The Doctor's (Ethical and Economic) Dilemma', a paper presented at the Office of Health Economics' annual lecture, 1996.

Other strategies include eliminating useless or harmful clinical manoeuvres by applying results of patient-centred research.

Reregistered and re-employed

A West Midlands' pharmacist, barred from practising after disappearing with nearly \$1,500 of his firm's cash in the midst of an expensive love affair, was restored to the Register in August.

John Iudge, of Perry Hill Road, Oldbury, Warley, was struck off the Register last year. He had been sentenced to 220 hours community service in 1993, after admitting stealing the money from Lloyds Chemist of Halesowen Road, Mitherton, Dudley.

He told the Statutory Committee last week that despite the theft, Lloyds had offered him a managerial post.

Committee chairman Gary Flather QC said his misconduct was serious but uncharacteristic. "Being aware of the reasons which brought you to this uncharacteristic behaviour and that the causes of it are behind you, and the high regard in which you are held, we restore you to the Register."

Pharmacist escapes prison after MDA offences

A Scottish pharmacist who succumbed to harassment and threats of violence by drug addict customers was shown mercy by one of Scotland's most senior High Court judges.

Alan Findlay was under such pressure by one addict in particular that he started giving him controlled drugs along with his methadone prescriptions to "get him off his back".

The High Court in Aberdeen was told on August 22 that Mr Findlay, 45, was a highly-respected businessman with a thriving business in Aberdeen's West End. Three years ago, he was approached by the Drug Dependency Support Unit and agreed to handle prescriptions for a number of drug addicts, but, the court heard, he had no idea what he was getting into.

"Addicts are pitiable souls, but that does not stop them being extremely demanding, persua-

sive, pestering and, on occasions, threatening," said Mr Findlay's defence counsel, Robert Henderson QC.

Mr Findlay admitted being involved in the supply of two Class A drugs, dipipanone and methadone, from his shop in the city. He also pleaded guilty to failing to keep a proper controlled drugs register.

The lord justice clerk, Lord Ross, said that such offences normally carry an automatic jail sentence. "I accept that you were subject to pressure, but, on the other hand, it is obviously very serious that a pharmacist should be concerned in the supply of controlled drugs to persons who have not had them prescribed. But unlike the normal case, a custodial sentence is not called for in this case."

Lord Ross fined Mr Findlay a total of \$4,500 and said he hoped he recognised he was being

treated with "considerable leniency" with regard to the charges.

The court heard the offences had taken place between April, 1993, and February, 1994. Advocate depute Scott Brady said Mr Findlay had given two addicts - who were prescribed methadone - a quantity of dipipanone tablets, believed to be 559, but this figure had not been clearly established.

The offences came to light when Home Office drugs inspectors, acting on a tip-off, visited the shop and discovered discrepancies in the register.

Mr Henderson said Mr Findlay graduated as a pharmacist in 1974 and immediately joined the long-established business, until he eventually became the sole owner in 1991.

"He is held in high regard by his staff, customers and the community in which his business plays a central part," said Mr

Henderson. "When he was approached by the Drug Dependency Support Unit, it is quite clear that he had no conception of what he was undertaking."

One of the addicts used to appear at lunchtime and after 6.00pm when Mr Findlay was alone. One member of staff said that he appeared to be controlled by the drug addict.

Mr Henderson said Mr Findlay's ability to cope with the addicts declined in 1994, when he was attacked in the shop by three masked men who punched, kicked and stabbed him. He also stressed there was no financial gain for Mr Findlay in committing the offences, it was purely the pressure he had been under.

After the case, Mr Findlay said his family had been under "terrible pressure" for three years. He thanked the friends and colleagues who had stood by him since the charges were brought.

N IRELAND NOTEBOOK

Examination blues

At least two pre-registration students were disappointed in this year's Society pre-registration examination. This is the first time the exam has produced 'failures' and I am sure this came as a shock to the students involved, to all students sitting the examination and to those about to embark on their pre-registration year. What is clear now is that the examination is not, and never has been, the rubber-stamping exercise many of us thought.

I hope the examination measures what it is supposed to measure – the competency of a graduate to practise their profession, but I envisage great difficulty in doing this with multiple choice questions. Those charged with setting the test must ensure it works – if they do, then they get my support, and the exam is justified in restricting graduates from coming onto the Register.

The evidence that failure is possible will guarantee that pre-registration students are keener to participate more positively in the training process. If it does this, then it will be a positive outcome to what must be a very significant disappointment to those kept back this summer.

One group often forgotten is the tutors and I'm sure tutors of students who failed feel a personal disappointment. They may feel that they have not provided

The examination has come of age, it has finally shown its teeth

proper support and in some way the results are a reflection on them. Such self-deprecation is unjustified. Had there been a serious dereliction of duty, then it was the responsibility of the student to bring this to the attention of the Society. However, should a pattern develop over a number of years, where a particular tutor has a high frequency of failures, then the Society must consider carefully if this establishment is suitable for the training of graduates and, if it feels necessary, restrict such pharmacists taking on pre-registration students.

The pre-registration examination has come of age, it has finally shown its teeth and I feel that, on the whole, it is serving a useful purpose in enhancing both the knowledge and skills of students and in so doing enhancing the profession.

Written by a practising Northern Ireland community pharmacist.

Topical Reflections

Antibiotics over the counter – part of the service

Last Saturday afternoon, I was consulted by a lady who had an infected insect bite, but for whom the only advice I could give was to call out the emergency doctor to obtain antibiotics. I did eventually manage to persuade her that this was the correct course of action and was confirmed in this by her appearance an hour later with a prescription for flucloxacillin. The same afternoon, I was asked for some little pink tablets that another lady had purchased over the counter on her holiday in Spain to treat her heat rash and which had "worked miracles"!

Now I am not suggesting that we follow the Spanish custom and sell steroids over the counter, but it is frustrating to be able to identify a genuine emergency case of antibiotic need, be aware of the preferred course of action but then to be unable to do anything other than advise the patient to call out an emergency doctor – and keep your fingers crossed that they do!

I think community pharmacists should have limited OTC access to some systemic antibiotics and eye preparations. The training systems and protocols for their sale would have to be rigorously monitored and not all community pharmacists might wish to participate. But if pharmacists are to deliver comprehensive healthcare in the High Street, then the



emergency use of antibiotics must soon be included as part of that service.

Good marketing frustrated

I have recently been asked for a herbal product, called 'Sabalin', which is marketed by Medic Herb and contains extract of saw palmetto. My customers tell me that it is being heavily advertised and is available from Boots, Holland & Barrett, chemists and health food stores, so, being third best in line, I have had a reasonably heavy demand.

The problem is that until I was asked for the product and shown the advertisement I never knew it existed and, to add insult to injury, when I tried to order through my wholesaler, I found that it was out of stock without any indication when I might see any orders.

I do not know whether Sabalin can deliver to my

demanding customers the extravagant but carefully worded promises of its advertisement, but having generated a demand I would have thought it counterproductive that I now cannot obtain any supplies. If a manufacturer is going to spend a lot of money advertising its latest product, it must make good business sense to ensure that the trade is fully informed and that adequate stocks are available in the wholesalers.

As it is, the net result of some very successful advertising is that everyone has been frustrated – and that includes my customers.

A Virgin in the cosmetics sector?

There is no doubting the marketing brilliance of Richard Branson, but I suspect that he may have his work cut out if, as is reported, he decides to launch his own brand of cosmetics (*Sunday Times*, September 1).

Traditionally, community pharmacies have been the principal source of middle of the road cosmetics, but during the last few years I have seen my share of this market eroded in a similar manner to that for toiletries. The inexorable march of the superstore has once again been the prime culprit for this decline and they would exact a very high price from any newcomer entering the market.

The only other mass distribution system would be direct selling either by mail order or by emulating the 'Avon Lady', but I suspect both of these methods would be unsuitable for the younger market.

If Virgin Cosmetics is launched onto the traditional retail market and offered to community pharmacies, then I would certainly think twice before committing further resources. Nevertheless, I still admire Mr Branson's entrepreneurial flair. I wish him every success, and if by chance he happens to think that a personal launch of the range in a community pharmacy is the way forward, then Doty has already offered to change my mind!

SB's Requip launch

Smithkline Beecham has launched Requip (ropinirole) tablets, a non-ergoline dopamine agonist for early Parkinson's disease (*C&D* August 10, p176). Requip comes in four strengths: 0.25mg (starting pack of 210 tablets, basic NHS price £39.20); 1mg (84 tablets, £46.20); 2mg (84, £92.40); and 5mg (84, £184.80). Ropinirole is a novel selective D2 receptor agonist for use alone or in combination with low-dose levodopa.

Smithkline Beecham Pharmaceuticals.
Tel: 01707 325111.

Famvir 750mg

To aid compliance Smithkline Beecham has launched Famvir (famciclovir) 750mg for once a day administration indicated for the treatment of herpes zoster (shingles) infections. The recommended dose is one tablet to be taken at approximately the same time each day for seven days. The seven-tablet packs carry a basic NHS price of £107.35.

Smithkline Beecham Pharmaceuticals.
Tel: 01707 325111.

Uriflex distributor

Galen has appointed the Seton Healthcare Group as its exclusive distributor for the Uriflex brand of catheter care products. All future orders and enquiries should be addressed direct to Seton Healthcare.

Seton Healthcare Group.
Tel: 0161 654 3000.

Klaricid packs

From September 16, Abbott Laboratories will be introducing a new pack size of Klaricid 500 in line with the recently-licensed triple therapy regimen for the eradication of *Helicobacter pylori*. The 20-tablet calendar pack has a basic NHS price of £32.13.

Abbott Laboratories Ltd.
Tel: 01628 773355.

Persantin tablets

Boehringer Ingelheim has discontinued the 100-tablet packs of Persantin (dipyridamole) 25mg and 100mg tablets. The approved patient packs are now the existing 84s.

Boehringer Ingelheim Ltd.
Tel: 01344 424600.

New HIV drug from Abbott

Norvir (ritonavir) from Abbott Laboratories is the latest protease inhibitor to be launched for use in HIV-1 infected adults (*C&D* last week). Ritonavir is indicated in combination with antiretroviral nucleoside analogues for AIDS patients with advanced or progressive immunodeficiency. Clinical endpoint data is not yet available for less-advanced HIV disease and monotherapy is not recommended because of concern over resistance.

The drug has been shown to reduce the risk of disease progression and death in advanced disease state; produce significant decline in HIV RNA levels

(indicative of amount of virus in blood); and produce significant increases in CD4 and CD8 cells.

Human pharmacokinetic data for combination therapy is only available for zidovudine and didanosine. Its use with other nucleoside analogues should be guided by careful monitoring.

Although well tolerated, ritonavir may produce adverse effects during the first two to four weeks of therapy. These commonly include diarrhoea, nausea, vomiting, asthenia, abdominal pain, changes in taste and headache. The oral solution contains 43 per cent alcohol which should be noted if the patient is taking drugs with disulfiram-like reac-

tions or plans to drive or operate machinery.

Ritonavir inhibits cytochrome P450 and is likely to interact with drugs metabolised by this route. It is also highly protein bound and displacement of other medications is possible. Other drugs which may interact are clarithromycin, theophylline, rifabutin, desipramine, ethinyloestradiol, and combination sulfamethoxazole/trimethoprim.

Data is available which shows that the addition of ritonavir to existing antiretroviral therapy reduces care costs and improves quality of life for patients.

Abbott Laboratories Ltd.
Tel: 01628 773355.

Latest option in arthritis treatment

Mobic from Boehringer Ingelheim is a new non-steroidal anti-inflammatory drug which offers the efficacy of standard NSAIDs but with fewer gastro-intestinal side-effects.

NSAIDs act by inhibiting the enzyme cyclo-oxygenase (COX), which facilitates the production of prostaglandins from arachidonic acid. The enzyme exists in two forms: COX-1 which has a protective function in the gastro-intestinal tract; and COX-2 which is responsible for prostaglandin production at the site of inflammation. Therefore, blanket inhibition of the enzyme produces the required anti-inflammatory action but also causes unwanted side-effects, such as gastric bleeding and renal toxicity. Meloxicam, the active ingredient of Mobic, preferentially inhibits the COX-2 form and is therefore less likely to produce side-effects while effectively relieving the inflammation. Mobic tablets are available in two strengths 7.5mg (30, \$10) and 15mg (\$13.90).

Indications: short-term sympto-

matic treatment of acute exacerbations of osteoarthritis and long-term symptomatic treatment of rheumatoid arthritis.

Dose: for acute exacerbations of osteoarthritis, 7.5mg daily which may be increased if necessary to two tablets daily. For rheumatoid arthritis 15mg. The maximum daily dose is 15mg.

Contra-indications: hypersensitivity, active peptic ulcer during the previous six months or a history of recurring ulcer, children under 15 years, severe hepatic or renal failure.

Precautions: adverse reactions are often less well tolerated by elderly or weakened patients who require careful surveillance.

Interactions: inadvisable combinations include those of meloxicam and other NSAIDs, oral anticoagulants, heparin, lithium, methotrexate, intrauterine contraceptive devices.

Adverse effects: gastro-intestinal disorders, skin reactions; and haematological disturbances.

Boehringer Ingelheim Ltd.
Tel: 01344 424600.

Meronem for CF

Meronem (meropenem) from Zeneca Pharma is now indicated for the treatment of respiratory infections in patients with cystic fibrosis.

The antibiotic which is given intravenously, has a very broad spectrum of activity and is effective against common, as well as problem, pathogens in CF. The adult dose for this indication is 2g every eight hours; in children aged 4-18 years it is 25-40mg/kg every eight hours. Meronem can be used as monotherapy or in combination with other antibacterials and should be given as an IV bolus injection over five minutes or by IV infusion over 15-30 minutes. It is not recommended for children under three years.

Studies have shown meropenem to be effective even in cases where ceftazidime and other antibacterials have failed. The drug has also been associated with clinical improvements in CF patients, inhibiting the bacterial enzyme production responsible for further lung damage.

Zeneca Pharma.
Tel: 01625 712712.

Sunmist Plus: a more powerful nebuliser

Sunmist Plus is the latest nebuliser from Devilbiss Health Care, which is claimed to deliver medication up to 20 per cent faster than other available nebulisers.

The new product (\$107.50 excluding VAT) is an upgraded,

more durable version of the standard Sunmist, with a more powerful compressor and a longer warranty: a flow rate of 7-9l/min compared to 5-6l/min and a warranty of five years rather than three.

Patients can order directly from the company using leaflets displayed in pharmacies. Pharmacists receive commission every time a purchase is made.

Devilbiss Health Care UK Ltd. Tel: 0181 756 1133.

worldwide solutions for different sized worlds



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The local pharmacist's role as a provider of primary healthcare for local communities is vital.

This is especially true in the provision of Glaxo Wellcome's extensive portfolio of medicines.

This is why we are currently engaged in a project to identify better ways to work with community pharmacists in the future. You may have helped us by completing the

questionnaire we sent out earlier this year. The results were both interesting and useful.

We'll shortly be mailing them to you as the next step in our programme to ensure that our worldwide healthcare solutions can continue to be effectively tailored to your local community - in a partnership that is beneficial for us both.

GlaxoWellcome

Flu-Plus caplets from Beecham

In time for the start of the winter cold and flu season, Smithkline Beecham has a new addition in its Flu-Plus range. Beechams Flu-Plus Caplets is the first maximum-strength GSL product for customers who prefer to treat their flu symptoms with a solid-dose format.

The caplets are non-drowsy and contain paracetamol 1,000mg, phenylephrine 10mg and

caffeine 50mg. Vitamin C is also included. Although it is no longer considered an active ingredient, SB says it has strong appeal for consumers.

The new line will benefit from \$1.8 million of television advertising starting in November, featuring two sumo wrestlers.

Smithkline Beecham Consumer Healthcare.
Tel: 0181 560 5151.



Nizoral Shampoo back on the box



Johnson & Johnson MSD's Nizoral Dandruff Shampoo is making a TV comeback in a £2.2 million advertising campaign. Nizoral's 'First Aid for Dandruff Sufferers' commercial will air for five weeks, and introduce new packaging, available from the end of September.

"Nizoral has captured 18 per cent of the medicated shampoo market since its POM to P switch in March," says Karen Robinson, senior brand manager.

Nizoral Dandruff Shampoo contains 2 per cent ketoconazole.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

Crookes' 'Power Pack' targets winter remedies

Crookes Healthcare is targeting the winter season by promoting its entire winter medicines portfolio with a £5 million spend.

Crookes is offering a free 'Power Pack' combining a collection of winter products worth up to £30 on orders until the end of the month. Each pack will contain a scratchcard game offering prizes ranging from free packs of Nurofen Cold & Flu to free complete orders.

An extensive promotional campaign includes:

- a £2.5m television campaign across the

- Strepsils range
- a national TV campaign for Nurofen Cold & Flu and Karvol
- a PR campaign for Nurofen Cold & Flu, Dequacaine and Dequadin
- an educational

pharmacy training package across the throat care brands

- Karvol sleep management programme for health visitors and GP literature.

Crookes Healthcare Ltd.
Tel: 0115 9539922.



Cardio 75 – a safer option for aspirin

Lilly has introduced Nu-Seals Cardio 75 Aspirin, an enteric-coated low-dose aspirin (28, £2.99). The new presentation is aimed at the 700,000 people who buy aspirin to prevent or manage heart disease.

Even low-dose (75mg) ordinary dispersible aspirin has been

associated with gastric bleeding and the new enteric-coated presentation offers users a safer option. The recommended dose is one tablet daily, swallowed whole. Cardio 75 is not effective for the short-term pain relief.

Eli Lilly and Company Ltd.
Tel: 01256 315000.

Migraine relief: a phone call away

Pfizer Consumer Healthcare is using the Migraleve brand to sponsor a telephone helpline for migraine sufferers throughout September and October.

The helpline, set up and run by the British Migraine Association, offers individual advice and counselling. It is being promoted through posters in health centres, GPs' surgeries, teletext and libraries. It will also be highlighted in publicity material for Migraine Action Week, September 9-15. The helpline can be reached on 01543 492192 from 6.00pm to 8.00pm daily.

Migraleve's new booklet, 'Childhood migraine – a parent's guide', will be mailed to all callers who require further information, along with the booklet on adult migraine, 'Master your migraine'.

Free copies of 'Childhood migraine' can be obtained by sending an SAE (A5) to Migraleve Childhood Migraine Booklet, PO Box 30, Blacknest Road, Blacknest, Nr Alton, Hampshire GU34 4PX.
Pfizer Consumer Healthcare.
Tel: 01420 84801.

3M's Diffiam goes over the counter

3M Health Care was at Chemex to launch a new OTC pack of Diffiam Oral Rinse. The new 200ml pack is priced at \$4.99, falling just below the prescription charge to target patients who prefer to self-medicate before visiting their GP.

To mark the launch of Diffiam Oral Rinse, 3M is offering cash prizes to

pharmacists whose assistants can show an understanding of the most common causes of sore throats. Five prizes of \$200 each are available to pharmacists, plus 40 prizes of \$20 Marks & Spencer gift vouchers for assistants in a free draw.

3M Health Care.
Tel: 01509 611611.

Winter Warmers from Unichem

Unichem is offering discounts of up to 30 per cent across 50 own-brand lines in a 'Winter Warmers' promotion.

It will run during September and October and offer discounts on analgesics, packed goods and cough and cold treatments. The discounts apply to orders of ten cases or more of

GSL and Pharmacy only lines.

Every order will be entered into a prize draw, which will include \$800 of holiday vouchers, ten Scanda Andora waterproof coats for runners-up; and 25 character hot water bottles.

Unichem plc.
Tel: 0181 391 2323.

When your customers

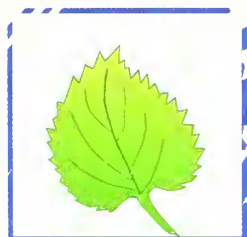


Household chemicals



Detergent hands

are itching to scratch,



Plant allergy



Insect bites

you've no better way



Nickel allergy



Eczema

to relieve them.

HC45 Hydrocortisone Cream quickly soothes itchy, inflamed, irritated skin to provide the fast relief your customers need. In fact there's no better recommendation you can make.



Trusted relief from everyday skin irritations.

PRODUCT INFORMATION: HC45 HYDROCORTISONE CREAM: Smooth white cream containing HYDROCORTISONE ACETATE BP 1% w/w. **Uses:** For the relief of mild to moderate eczema, irritant and allergic contact dermatitis and insect bite reactions. **Dosage & Administration:** Apply sparingly to a small area, once or twice a day, for a maximum of seven days. **Contra-indications, Warnings etc:** HC45 should not be used on the eyes or face, the ano-genital area or on broken or

infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Packaging Quantity:** Tube containing 15g. **RSP:** £2.65. **Legal Category:** P. **Product Licence Number:** PL 0327/0039. **Product Licence Holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Date of Preparation:** June 1996.



Roche slow release vitamin C

Roche Consumer Health has introduced the first slow release vitamin C product to its Redoxon range. The unique micro-capsule technology of Redoxon Slow Release allows gradual release of vitamin C over eight hours.

Vitamin C helps maintain the body's immune system, assists in the absorption of iron from the diet, has antioxidant functions and helps repair body cells and tissues.

However, vitamin C is a water-soluble vitamin so cannot be stored in the body for long periods of time. Until now consumers had to take multiple doses of the vitamin to maintain levels. The new slow release capsules, however, contain hundreds of coated pellets of ascorbic acid. Over a period of eight hours, the pellets



gradually dissolve providing a steady release of the nutrient throughout the day.

Redoxon Slow Release is available in packs of 20 (\$3.99) or 40 capsules (\$7.49). The company is backing the new product with a \$2 million marketing campaign, which will include a burst of television advertising.

To coincide with the launch of the new product Roche has completely relaunched the Redoxon range with new pack designs, sizes and improved flavours. Redoxon Protector has been reformulated and now includes the antioxidant selenium.

Roche Consumer Health.
Tel: 01707 366000.

ProSport supports go for gold

ProSport Gold is a new range of 5mm neoprene sport supports from Seton Healthcare.

The range is designed to offer the best level of support, protection and warmth for the treatment and prevention of sporting injuries. A cotton-based liner also helps improve in-use comfort levels by helping to dissipate water.

The range includes supports for the knee (\$17.99), open knee (\$18.99); ankle (\$14.99); elbow (\$15.99); thigh (\$17.99); back (\$32.99) and shorts (\$46.99).

ProSport is backed by leading sports



professionals and sports bodies. An extensive campaign includes consumer advertising and promotional activity for the brand.

Seton Healthcare Group plc. Tel: 0161 654 3000.

UK launch for Absorbitol

A new dietary aid was launched at Chemex by Pharmanutrients. Absorbitol, derived from chitosan, is a fibre extracted from shellfish, which is said to reduce the amount of dietary fat absorbed by the body.

Once the fat has bound to the chitosan, it resists digestion and passes naturally through the body. Pharmanutrients has enhanced the fat-binding properties of the fibre such that Absorbitol can absorb up to 12 times its own weight.

The product is aimed at anyone interested in reducing dietary fat,

Triple-action toothbrush

Grafton International has introduced Dentrust (£1.99), a new-look toothbrush with a triple-sided head, designed to make brushing teeth easier and more effective.

Featuring bristles made from Ultralon, the brush cleans all three sides of the teeth at a stroke, claims the company. The bristles also help to massage and protect gums and reduce levels of both plaque and gingivitis.

Dentrust is available in the UK exclusively from Grafton International.
Grafton International.
Tel: 01543 480100.

either to reduce their weight or to control their cholesterol. However, the company stresses that the product should be used in conjunction with a healthy diet and lifestyle.

According to Eric Anderson, director of sales and marketing for Pharmanutrients, Absorbitol could be used in a wide variety of

Antiseptic wipes free with plasters

3M Health Care is supporting its first aid dressings this autumn with a consumer offer of two free Germolene antiseptic wipes in every pack. The promotion will be featured on packs of 3M Active Strips and Comfort Strip plasters between September 9 and November 1.

Promotional packs are presented in a tray containing both Comfort Strips and Active Strips in various formats. Both brands are being supported by a women's press advertising campaign featuring money-off coupons.

Comfort Strips and Active Strips

plasters will be sold through Scholl Consumer Products. Its pharmacy sales force will be taking transfer orders as part of a new agreement between the two healthcare companies. Enquiries should be directed to Scholl customer services (tel: 01582 443300).

3M Health Care Ltd.
Tel: 01509 611611.



Fast, effective allergy relief

Enviraicare is a new air cleaner from Honeywell. Purpose-built to provide relief from asthma and allergies, it incorporates a True HEPA (High Efficiency Particulate Air) filter, which claims to remove more than 99 per cent of airborne contaminants.

The Enviraicare range is available in three sizes and features an air flow system which provides at least four room air changes per hour – the minimum number required to provide effective relief for mild allergy sufferers.

Units are available from \$229 and include special purchase options. Further information from the Honeywell Air Line on Freephone 0800 345000.
Honeywell Environmental Air Controls.
Tel: 01344 826284.

presentations, including energy bars and meal replacement shakes.

The first Absorbitol-based product to be launched in the UK is Fat Binder capsules, available from Nature's Store, distributor of natural health products. A bottle of 90 250mg capsules retails at \$19.99.
Nature's Store.
Tel: 01782 794300.

Perfectil performance

Vitabiotics has introduced new Perfectil (30 capsules, £7.95), a vitamin supplement to help maintain healthy skin, hair and nails.

Each capsule contains 25 nutrients, including essential vitamins and minerals, with natural plant extracts.

The one a day formula has antioxidants, minerals and a form of vitamin B3 for the skin. It also contains two herbs, echinacea (195mg) and burdock (80mg), which the company says are proven to play a role in maintaining a healthy complexion.
Vitabiotics Ltd.
Tel: 0181 963 0999.

Bags of relief

The Natural Wheat Bag Co is launching three new natural remedies for aches and pains.

The Natural Wheat Bag (\$9.99) can be heated in a microwave and applied to the affected area, or frozen and used as a cold pack. The Natural Wheat Belt Bag (\$12.99) is tied to the body and is particularly useful for back problems. Natural Wheat Handwarmers (\$6.99) assist poor circulation in the fingers.
The Natural Wheat Bag Co Ltd. Tel: 01924 840504.



NEW 1996 RELAUNCH



Did you know?

- Footcare market size £27.3 million*
- **Scholl** Footcare share 56%*

*Source: Nielsen MAT June 1996 (excluding Boots)

save
£120 off any
Holiday
with **Scholl**

Holidays must be booked by 31.12.96
Two proof of purchase required

National advertising Biggest

Scholl consumer offer ever!!

New shampoo targets dandruff

Neutrogena is launching Long Lasting dandruff control shampoo into its

skin and hair care brand. The new anti-dandruff shampoo includes

ketoconazole (1 per cent), an ingredient that gets rid of dandruff more effectively than existing anti-dandruff shampoos, claims Neutrogena. Developed and patented by Johnson & Johnson, its formulation is designed to help fight the causes as well as the symptoms of dandruff.

Recommended to be used twice a week, the shampoo is suitable for all hair types and contains a built-in conditioner.

Special 'Two Week' 25ml samples have been produced by Neutrogena and will be on sale at \$0.99. Full-size 100ml and 200ml sizes are priced at \$3.99 and \$6.99 respectively.

TV and press advertising worth around \$11 million will break in October, supported by a sampling campaign which will distribute trial samples to consumers throughout the UK. **Neutrogena (UK) Ltd.** Tel: 01628 822222.



Eye to eye contact with Brolene

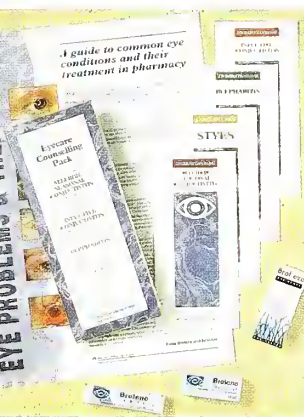
Rhone-Poulenc Rorer is promoting Brolene, its anti-infective eye drops on the back of National Eyecare Week (September 23-29).

A new trade promotion will break on September 15 and includes an

educational programme targeted at pharmacists and their assistants. It involves charts to identify and diagnose specific ailments affecting the eyes and the necessary treatments to recommend.

The promotion will be supported by new POS material, including boards to remind pharmacists/assistants of the categories which exempt customers from prescription charges.

Free supplies of Brolene Eye Drops and Eye Ointment are available from RPR/Fisons' representatives or by contacting RPR direct. **Rhone-Poulenc Rorer Ltd.** Tel: 01323 534000.



Super shavings!

Gillette has acknowledged the summer shaving season, which accounts for over 60 per cent of sales, with promotions across its female shaving ranges until the end of September including:

- a Sensor Excel for Women combination pack (\$4.49), featuring a trial-size Satin Care Shave Gel Sensitive with Sensor Excel for Women razor
 - Gillette Sensor Excel for Women cartridges at the same price as Standard Sensor for Women cartridges
 - a price promotion on Satin Care Shave Gels
 - Gillette Plus for Women disposables to retail at \$0.99 (rrp \$1.39).
- Gillette UK Ltd.** Tel: 0181 560 1234.

Feeding just like the real thing

A new range of feeding bottles has been launched by NUK.

Each bottle is fitted with an orthodontic teat designed to simulate breastfeeding as closely as possible.

The range (125ml, £1.99; 250ml, £2.25; and learner bottle 125ml, £2.99) is

available in four different designs; clown, bear, zoo animals and sea creatures.

Each bottle is fitted with a NUK size 1 orthodontic teat and is suitable for babies up to six months.

Quest Consumer Products Ltd. Tel: 0181 531 7241.

Vichy Pureté Thermale cleans up

Three new lines have been added to the Vichy Pureté Thermale cleansing range.

Pureté Thermale Cleansing Gel (125ml, \$6.95) which helps remove make-up and impurities from the skin;

Pureté Thermale Gentle Exfoliating Gel (50ml, \$6.95); and Pureté Thermale Self-Foaming Cleanser (125ml, \$7.95). Each of the products is soap- and alcohol-free. **Cosmetique Active (UK) Ltd.** Tel: 01235 526747.

ON TV NEXT WEEK

Anadin Extra: All areas

Bazuka: GMTV

Canesten Combi: All areas

Centrum: All areas

Just for Men: All areas

Movida: All areas

Nizoral: Satellite

Nurofen Plus: All areas

Nutralia shampoo: All areas

Pantene: All areas, except GMTV

Rennie: All areas

Rimmel: All areas, except U

The Wrigley Company/Sugar Free Brands: All areas

Toepedo: GMTV

Veracur Gel Kit: CTV

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees

Three times faster sales

Than the competition.*
£3m advertising support speeds things along.

Imodium

Can stop diarrhoea with one dose



ANTI-DIARRHOEAL CAPSULES



*Nielsen anti diarrhoeal report May/June 1996 value sales

Are you still recommending rubber Hot Water Bottles to your customers?

FASHY THERMOPLASTIC HOT WATER BOTTLES

Will withstand greater temperature changes,
last longer, are innovative and fun.

Probably the "**BEST**"
Hot Water Bottles
for all ages.



Disney



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Yes!

Join the Fashy generation
Please send information on
Fashy Hot Water Bottles. The first
10 replies will win a Fashy clock ☐
or a plush covered hot water bottle ☐

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Bus, Address

Post code

Tel.



Manufactured to
British Standard
(B.S.6728/1:1986)



Send to:
SPECTATOR SPORTS LTD. 25 Empire Centre, Imperial Way,
Watford, WD2 4YH, Tel. 01923 247363, Fax: 01923 210074

Free gel takes edge off shaving

Wilkinson Sword is offering a free 75ml shaving gel with its Protector and FX Performer razors.

The promotion will begin in October and continue for three

months. Special trial-size cans are packaged with the razors to encourage consumer purchase and trial of both the razor and the shaving gel.

The total shaving

market is worth around \$58.2 million (MAT May, 1996), of which gels account for a 49 per cent share (source: IRI Infoscant).

Wilkinson Sword Ltd.
Tel: 01670 713421.



New seasonal directions for Rimmel's Cutex range

Rimmel is introducing its new Autumn/Winter Beauty Directions colours for the Cutex range.

Moonstone Mauve Soft Look Eye Shadow (\$3.95) is enriched with vitamin E and sunscreen to condition and protect.

White Eye Definer (\$2.79) contains vitamin E and sunscreen.

Grey/Black All Day Long Lasting Mascara (\$4.25) is smudge-proof

and water-resistant. It stays in place for up to 24 hours, claims the company, and features a brush that builds and separates each lash with colour. The formulation includes vitamin E, natural waxes, sunscreen and provitamin B5 to condition and protect lashes.

Plum Parfait Aqua Moist Lipstick (\$3.99) includes moisturisers – sodium hyaluronate, shea nut butter and

glycerine, together with provitamin B5 and vitamin E.

Lasting Shine Lip Gloss (\$3.49) is formulated with sunscreen to protect and moisturise.

Plum Noir Strong & Long nail polish (\$3.45) has an active strengthening complex that has been combined with protein to help protect nails, says Rimmel.

Rimmel International Ltd.
Tel: 01233 625076.

Individuelle fragrance by Charles Jourdan

Charles Jourdan is launching Individuelle, a new fragrance for women on October 7.

Individuelle is a fresh fragrance with a fruity, floral bouquet. The scent combines top notes of tangerine, pineapple, peach, plum, lemon and melon. Freesias, lily of the valley, jasmine, orchids, iris and violets combine to make the heart notes, mixed with base notes of sandalwood, cedar, amber, musk and peach.

The Individuelle range includes: perfume (7.5ml flacon, \$40); eau de toilette (30ml natural spray, \$18.50 and 50ml, \$26); body lotion, shower gel and aerosol deodorant (all 150ml, \$9.95).

The PR Workshop.
Tel: 01444 415439.

Soap and scrub

Peppermint & Oatmeal Soap is a new addition to the Tisserand range.

The soap (£2.80) has a natural vegetable base and is enriched with a oatmeal exfoliant to slough off dead skin cells.

Peppermint, regarded to have a mild antiseptic effect, helps to control bacteria from building up on the skin's surface, and can be used on both body and face.

Aromatherapy Products Ltd.
Tel: 01273 325666.

Twisting and pouting with Paloma Picasso

Prestige & Collections is launching a new Mon Rouge lipstick from Paloma Picasso.

Available from October, Mon Rouge refillable (£10) contains UV protection and vitamin E. It is packaged in the same gold casing as the original lipstick.

The lipstick has a light floral scent, with traces of rose and geranium, reinforced by woody notes.

Prestige & Collections Ltd.
Tel: 0181 979 6699.

Around the clock lip coverage

Jica Beauty Products is launching its new semi-permanent lipstick in the UK.

New Dura Lipstick (nine colours, \$8.50) is a hypo-allergenic and fragrance-free lip colour with aloe vera. The lip colour has a water-based formulation and claims to provide day-long coverage.

The lipstick is presented in a bottle instead of a stick, and is applied with either its applicator brush in the lid or the precision lipstick brush in the packaging. It should be painted onto dry lips and allowed to dry for one minute.

Jica Beauty Products Ltd.
Tel: 0181 979 7261.

Anais Anais says it with flowers

Parfums Cacharel is launching the Anais Anais Collection Fleur in November.

The special edition collection comprises eau de toilette in flower stem purse spray (20ml, \$18.50) and flower spray (50ml, \$25 and 75ml, \$30).

Each fragrance is in a rose-tinted bottle and is displayed in white packaging.

Prestige & Collections.
Tel: 0181 979 6699.

Extra savings

Wilkinson Sword is dropping the price of its Extra II disposable razors until the end of September.

Price-marked packs of Wilkinson Sword Extra II Standard and Sensitive will offer consumers a saving of \$0.80 (\$2.99 to \$2.10) on packs of ten, plus \$0.40 (\$1.59 to \$1.19) on packs of five.

The promotion is part of the marketing support behind the brand, which has seen 102 per cent year on year volume growth ahead of the market (MAT 14/7/96, IRI Infoscant).

Wilkinson Sword Ltd.
Tel: 01670 713421.



PHARMACYupdate

Indigestion II

Managing indigestion and OTC remedies **I**



Diuretics

A review of the products available and their application **IV**



MDT and audit

A fictional scenario to illustrate how multi-disciplinary teams can work together **VI**

Indigestion

In the second of a two-part article on indigestion **Derek Balon**, community pharmacist and King's College London lecturer, looks at management and treatment options available over the counter

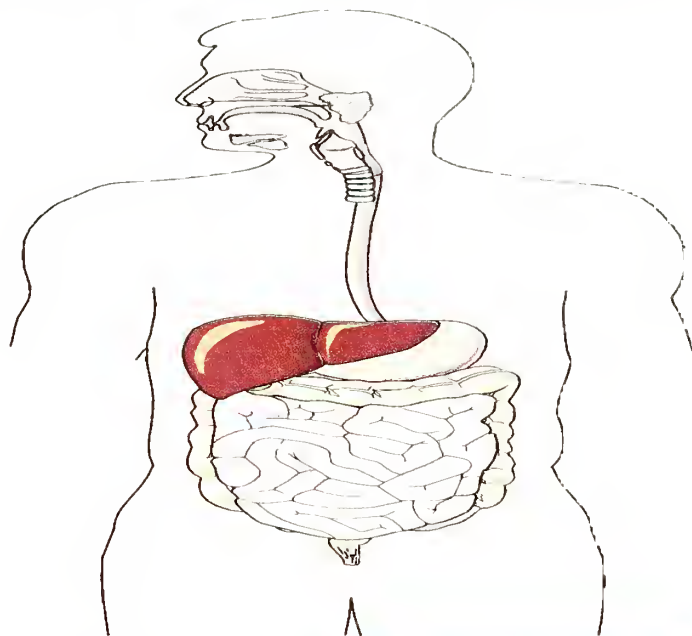
Careful data gathering as outlined in the first article (*C&D* August 3, pi-ii) will have led to a diagnosis of indigestion. Differentiation between oesophageal and stomach indigestion is not difficult, but management strategies may differ.

Before proposing a management plan, it is essential to consider specific problems related to the patient as indicated by the mnemonic CARE.

Chronic/Risk Group/Age

Patients at either end of the age scale must be considered

with extreme caution. Babies with 'indigestion' may be suffering from colic and the use of adult indigestion preparations is inappropriate. If the problem is not colic or wind, referral is required. Children (2-16 years) do get indigestion, mainly of the stomach type and may be treated if the cause is food indiscretion. Drug-induced problems can occur and may be treated in the normal manner. Refer to the GP in the case of a prescribed drug or for advice on an alternative preparation.



The elderly often present with indigestion and the choice between treatment or referral will depend on the type of indigestion, its duration and its cause. Drug-related problems are more common simply because they tend to take more medicines. Patients may be treated symptomatically so long as care is taken in selecting a suitable preparation.

Patients with chronic diseases do not present a problem except those with diabetes (change in food absorption) and epilepsy (change in drug absorption).

Allergies

This is of little significance in this disease state.

Reaction of proposed medication

Interactions with either the patient or current medication must be considered (see Table 1).

Establish patient preference

Antacids are frequently available in either a solid or liquid form. Although the liquid form may have a faster onset of action, bottles tend to be bulkier and less convenient for travel. Tablets which are sucked or chewed may have a long duration of action. In some cases, there is a difference in composition between formulations of the

Table 1: potential drug/drug and drug/patient interactions

Patients with:

Hypertension sodium-containing products

Patients taking:

a) for antacids

Tetracyclines and related antibiotics	Ciprofloxacin and related quinolones
Ketoconazole	Rifampicin
Lithium	Digoxin
Chlorpromazine and other phenothiazines	Iron
Diffenhydramine	Penicillamine
	Phenytoin

Sucralfate

Phenindione

Enteric-coated preparations

b) for H2 antagonists

Anti-arrhythmics, eg amiodarone, quinidine, procainamide	Warfarin
Phenytoin and carbamazepine	Benzodiazepines
Theophylline	Cyclosporin
Rifampicin	Pethidine
Metformin	Tricyclic antidepressants (some)
Propranolol	Isoniazides, terbinafine
Fluorouracil	Some calcium channel blockers



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 26), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* OCTOBER 12, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be aware of specific patient needs when managing indigestion
- To be familiar with the products available over the counter
- To recognise potential interactions
- To know when to refer
- To distinguish between antacids and any other remedies

same named preparation: Gaviscon liquid is higher in sodium than tablets; Aludrox tablets contain magnesium

Continued on P11 ►

◀ Continued from PI

which is absent in the liquid version.

Product selection

There are four groups of OTC indigestion remedies: antacids, H2 antagonists, gastric rafts and antilatulants.

The pain of gastric irritation indigestion is associated with decreased pH. Antacids and H2 antagonists used are designed to either raise the hydrogen ion concentration or reduce acid production.

Antacids

These preparations are based on sodium, calcium, magnesium, aluminium and bismuth. They are indicated for acute gastric irritation indigestion, providing rapid relief by neutralising excess acid in the stomach. Their side-effects make them unsuitable for long-term use.

The various salts have differing powers of neutralisation and are systemically absorbed to differing degrees.

● Sodium

Sodium bicarbonate may be used on its own and is also a common ingredient of many antacid preparations. It has a very rapid onset of action but has poor neutralising power, produces gas which may lead to distension, causes rebound hyperacidity and leads to hypernatraemia. It is not ideal and should be avoided by patients on restricted sodium intake and those with hypertension.

● Calcium and magnesium

These have good neutralising capacity and are widely employed. Calcium may have a constipating effect while magnesium may lead to diarrhoea. Combination of the two metals' ions utilises their opposing actions to produce a bowel-neutral product.

Hypercalcaemia may be a danger with calcium containing products if the patient also has a high calcium intake from other sources. Magnesium is excreted via the kidney and should be avoided in patients with renal problems.

● Aluminium

The hydroxide has a good neutralising capacity and is commonly used. There is no link between Alzheimer's and aluminium in medicines due to the short treatment duration and low solubility of aluminium complex formed in the stomach.

Aluminium is usually combined with magnesium salts to reduce absorption, increase the combined

Table 2: referral

Referral is required if an adequate explanation of the pain cannot be established. Consideration should be given to food and drink intake, drugs, eating, emotional stress and activity.

Specifically, referral is advisable if:

- symptoms persist after treatment with appropriate product
- symptoms have lasted for more than three days (continuous)
- pain is severe, especially if not spasmodic in nature
- vomiting present
- weight loss
- infants (the problem not being wind or colic of short duration)
- children (not related to excess food intake)
- any blood loss from rectum or in vomit
- pain associated with physical effort (especially if pain radiates to left shoulder and arm)
- pain not restricted to epigastrium or sternum
- the problem is prescribed drug-related

neutralising capacity and the duration of action.

● Bismuth

There are very few preparations containing bismuth. It is not an antacid, but its primary use is as an antidiarrhoeal, although the suggested indications include indigestion. Bismuth chelate is one of the ingredients of 'triple therapy' eradication of *Helicobacter pylori*.

H2 antagonists

Use of antacids should be regarded as the first-line treatment for relief of the symptoms of gastric irritation indigestion. Long-term use is not encouraged, but many patients use them on a day to day basis without serious adverse effects.

The introduction of OTC H2 antagonists has provided pharmacists with a suitable drug to treat chronic indigestion. However, the product licences of these preparations specifically state that they should not be used for more than two weeks. They block histamine-mediated gastric acid secretion. It should be noted that the strength of OTC H2 antagonists is half the common strength of the drug when prescribed.

Unlike ranitidine and famotidine, cimetidine retards liver drug metabolism. This has implications for patients on warfarin, phenytoin and theophylline who should not be counter-prescribed cimetidine. Famotidine is slowly absorbed with a long half-life. This means that while its onset of action is slow (about one hour), it remains active for a long time (eight to nine hours), making once or twice daily dosage a possibility in many patients.

The H2 antagonists are also licensed to treat heartburn (oesophageal reflux). Combination with an alginate

controls the symptoms better that using it alone.

Gastric rafts

In contact with water (or stomach content) alginic acid and its salts form a gel. Preparations containing alginates also contain sodium bicarbonate which reacts with stomach acid to form a 'floating raft'. In theory, this raft will be the first of the stomach content to be forced passed the oesophageal sphincter and acts to coat the sensitive oesophageal lining with a protective coat. These preparations are of value to sufferers of gastric reflux.

Antilatulants

Dimethicone is a non-absorbed surface active agent which causes small gas bubbles trapped in the stomach content to coalesce into larger units which are more easily expelled (eructation, belching).

Volatile oils, such as peppermint, anise and other carminatives, may relieve flatulence, but little is known of the pharmacology underlying their use. They are less popular now and tend to be aimed at infant colic and minor gastric discomfort.

Other products

Peppermint is also indicated for irritable bowel syndrome as is alverine citrate. Anti-spasmodics which have an antimuscarinic effect reduce muscle tone and gastric motility. However, their side-effects limit their use, especially in the case of oesophageal reflux when they reduce the efficacy of the lower oesophageal sphincter. There appears to be little justification in the use of aspirin in a effervescent formulation for indigestion.

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Product Information: Nurofen Plus:

Each tablet contains ibuprofen B.P. 200 mg and codeine phosphate B.P. 12.5 mg.

Indications: Effective in the relief of migraine, headaches, neuralgia, dental pain, dysmenorrhoea, rheumatic and muscular pain, backache, feverishness, symptoms of colds and influenza.

Dosage and Administration: Adults and children

over 12 years: Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4-6 hours. Do not exceed 6 tablets in any 24 hours.

Precautions and Warnings: As with some other

pain relievers, Nurofen Plus should not be taken by patients with a stomach ulcer or other stomach disorder or hypersensitivity to ibuprofen or codeine. Patients receiving regular medication, asthmatics, anyone allergic to

aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen

Plus. In normal use, side effects are very rare,

but may occasionally include dyspepsia,

gastrointestinal intolerance and bleeding,

constipation, nausea and skin rashes.

Not recommended for children under 12.

If symptoms persist for more than 7 days,

patients should consult their doctor.

Product Licence Number: 0327/0082.

Licence Holder: Crookes Healthcare Limited,

Nottingham, NG2 3AA. **Legal Category:** P.

Price: Nurofen Plus 12's £1.95, 24's £3.55.

¹Nielsen Brand Value Share Change vs a

year ago May-June '96.



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Waterworks

The *BNF* is saturated with diuretics and there is little to choose between them. **Dr Terry Maguire**, a proprietor pharmacist in Belfast and a senior lecturer at the Queen's University of Belfast, gives a clinical overview and looks at how pharmacists can advise GPs on developing a formulary

Currently there are 22 diuretics listed in the *BNF* and this does not include combination products. The range available is excessive and within the three main diuretic groups there is often very little to choose between drugs.


Pharmacists who are advising local GPs on formulary development need to consider which diuretics to include on a prescribing list. With so many products to choose from, there is intense competition between companies and claims can often be very persuasive. This article will include the basic principles in choosing a diuretic; a suggested list for inclusion in a practice formulary; adverse drug reactions; drug interactions; and cases of inappropriate diuretic use.

Mode of action

A diuretic is any substance that increases urine and solute production. A therapeutically-useful diuretic therefore must increase the output of sodium – the body's most important solute – as well as water.

Diuretics can work outside the kidney. For example, by inhibiting the release of anti-diuretic hormone which happens with alcohol. Increasing cardiac output and renal blood flow – as a result of using digitalis, for example – will also cause diuresis. However, in clinical practice, the kidney is the most important organ through which diuresis is effected.

The normal glomerular filtration rate is about 300 litres daily, yet the daily volume of urine is just over 1 litre. The balance – over 99 per cent being re-absorbed by the renal tubules – is a considerable feat. Clinically-useful diuretics act on the renal tubule and not on the glomerulus, since effects here would have major cardiovascular repercussions.



**THE COLLEGE OF
PHARMACY PRACTICE**

**THIS COURSE (MODULE
27), IN ASSOCIATION WITH
MULTIPLE CHOICE
QUESTIONS BEING
PUBLISHED IN *C&D*
OCTOBER 12, PROVIDES
1 HOUR OF CONTINUING
EDUCATION**

OBJECTIVES

- To be aware of the vast choice of diuretics currently available
- To recognise mode of action and indications of diuretics
- To understand the need for practice formularies
- To recognise ADRs and drug interactions
- To be aware of inappropriate diuretic use

Diuretics are classified by the site on which they affect the renal tubule:

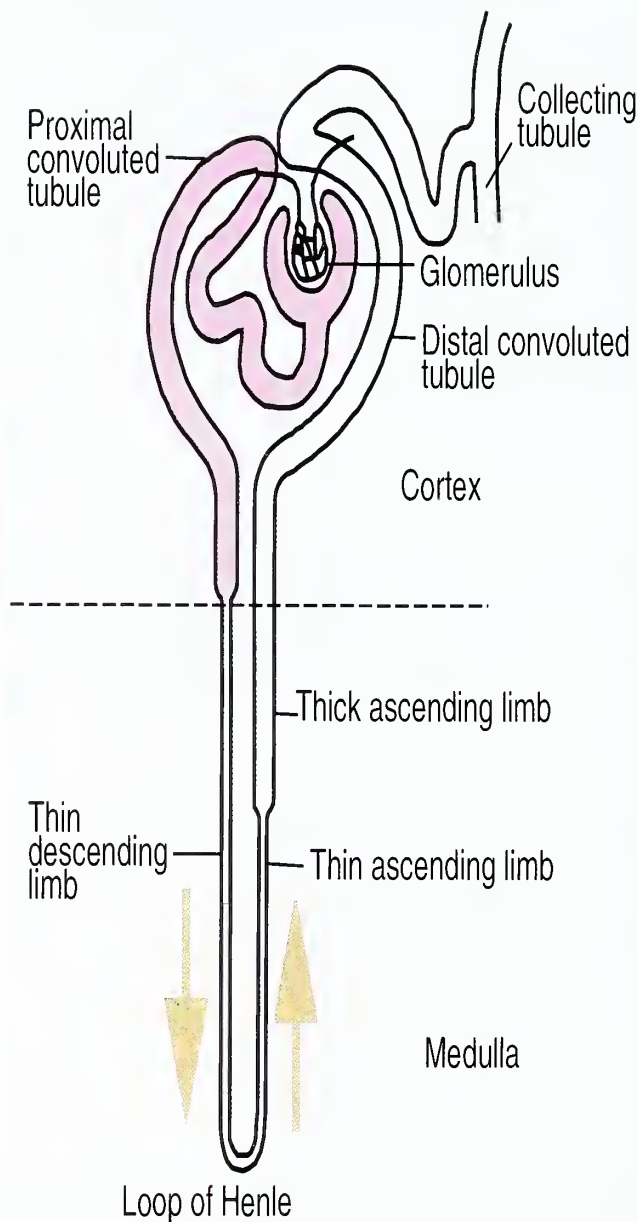
● Proximal convoluted tubule

Here most of the glomerular filtrate, sodium plus water, is re-absorbed (60 per cent of filtered sodium). As a result, there is no change in sodium concentration in the fluid remaining in the tubule.

Osmotic diuretic mannitol and urea act here by preventing water, and therefore sodium, re-absorption. They are seldom used in clinical practice.

● Loop of Henle

Here sodium is actively re-absorbed without water, so that a concentration gradient develops between the urine and the blood. The net effect is absorption of water into the



blood. Diuretics inhibit the transport of chloride ions in the ascending limb of the loop of Henle and consequently sodium ions are excreted back into the tubule to preserve the cation/anion balance. The result is more sodium in the urine, less of a concentration gradient, less water re-absorbed, and more urine produced. There is also increased potassium loss.

Diuretics that act here – the loop diuretics – are the most potent and include frusemide and bumetanide.

● Thick ascending limb of loop of Henle

This is the main site of action of the thiazide diuretics, but loop diuretics also act here. They reduce sodium absorption but are less powerful compared to the loop diuretics.

● Distal convoluted tubule This is the site of action of the potassium-sparing diuretics.

Since only 5 per cent of sodium re-absorption takes place in the distal tubule, these drugs only produce weak natriuresis by blocking the exchange of sodium for potassium – they produce a weak diuresis, but their use results in potassium retention.

Indications

● Acute heart failure

Thiazide diuretics used alone are the treatment of choice in mild uncomplicated acute failure when sinus rhythm is preserved. For more severe heart failure the loop diuretics are preferred. Where there are low glomerular filtration rates, a combination of a loop diuretic with the thiazide metazolone is often successful. If there is pulmonary oedema, then high doses of loop diuretics may be given. Heart failure is regarded as severe when the

dose of frusemide needed to control symptoms reaches 80mg daily.

● Chronic heart failure

For the maintenance of mild or moderate failure the thiazides are usually adequate and are well tolerated.

● Hypertension

The use of thiazides in hypertension is currently being reappraised, as an adverse effect on plasma lipids has been added to their other well known biochemical disturbances. But they still remain the first-line drug for mild to moderate hypertension. Lower doses of thiazides are effective and there is a flat dose response curve: there is often little benefit in prescribing bendroflumazide 5mg daily as a maximum response can be achieved with 2.5mg daily.

Choice of diuretics

● Thiazides

Thiazide diuretics are more effective than loop diuretics in the management of hypertension, and are preferred in cases of mild oedema because of their gentler action. Bendroflumazide is the least expensive agent and is appropriate for routine use. In renal failure, their effectiveness is markedly reduced since they have less access to their site of action – the renal tubule.

Thiazide-related compounds include xipamide (Diurexan) and indapamide (NatriliX). Xipamide has a maximal effect similar to frusemide but with a longer duration of action. It is unclear if it has advantages over other thiazides.

Indapamide at low dose has a low diuretic action, but due to its direct effect on vascular smooth muscle tone, it effectively reduces blood pressure. It has recently been shown to have a positive effect in reducing/regressing ventricular hypertrophy, an independent risk factor in coronary heart disease. It also has a negative effect on blood sugar and lipids.

● Loop diuretics

Frusemide and bumetanide are potent short-acting diuretics and their potency is dose-related. They remain effective in renal disease with low glomerular filtration rates. At the recommended dose these drugs are equipotent. Frusemide is the drug of choice in patients requiring a loop diuretic.

● Potassium-sparing diuretics

Spironolactone is no longer licensed for the treatment of

essential hypertension or idiopathic oedema. Amiloride and triamterene conserve potassium by direct action on sodium and potassium transport. These agents have a minimal diuretic effect alone, but are mainly used in combination with thiazide and loop diuretics to conserve potassium in patients at risk of hypokalaemia.

K⁺ supplements

Most patients on thiazide and loop diuretics do not develop clinically-significant hypokalaemia. The risk of hypokalaemia is dose-related and is increased by a high sodium intake – a clear reason why patients should be encouraged to adopt a low-sodium diet.

The frequency of hypokalaemia is less in patients with heart failure than in patients with hypertension because the former have a higher serum potassium before treatment.

Mild hypokalaemia may be hazardous and potassium supplementation might be considered in:

- oedematous patients with cardiac or hepatic failure, particularly those receiving digoxin
- the elderly and the chronically sick who frequently have an inadequate amount of potassium in their diet
- diabetic patients and patients receiving concomitant therapy with corticosteroids or carbenoxolone.

Potassium supplements at recommended doses are relatively ineffective in rectifying potassium depletion. They also carry the risk of oesophageal erosion. Diuretic preparations that contain a potassium supplement (Burinex K) have too little diuretic to cause hypokalaemia and too small a dose of potassium to correct it, making their use irrational.

A diuretic with the addition of a potassium-sparing diuretic is now considered the most appropriate method of conserving potassium when this is required. The lowest dose should be used, as at high doses there exists the possibility of developing hyperkalaemia. This may be provided by the regimen or the use of a fixed-ratio combination such as Moduretic or Navispare. The lowest possible dose should be used.

Formularies

Most practice formularies are designed to satisfy the bulk of

practice needs – for example the needs of 80 per cent of patients. This allows the list of drugs included to be very selective so that, with difficult cases, GPs are allowed to go outside the list. Also where a drug is included, it would be available in all strengths and forms.

The following might be a suitable list for most practice patients:

- Bendroflumazide
- Frusemide
- Moduretic and Moduretic 25
- Frumil and Frumil LS
- Amiloride.

Adverse reactions

The most common side-effect of diuretics is postural hypotension, which is dependent on the drug, the dose and the patient. For example, a loop diuretic at a high dose in an elderly patient is likely to produce falls due to postural hypotension.

As with all drugs, mild gastro-intestinal effects are also common, but should be less problematic as the patient becomes accustomed to the drug.

Impotence is a reversible side-effect that disappears on withdrawing the drug. It is particularly problematic for many men who find difficulty seeking help for a problem they do not readily identify as an adverse drug reaction. Communicating the possibility of this side-effect by way of a readable product insert or leaflet will avoid embarrassment and might help more men to seek advice and, where necessary, have the medicine altered.

Photo-sensitivity is an infrequent but troublesome side-effect, particularly with thiazide diuretics and patients should therefore be warned to avoid exposure to strong sunlight.

The metabolic side-effects that frequently occur with thiazides result in hyperglycaemia which must be avoided in diabetic patients. They also cause a rise in serum cholesterol levels but the clinical significance of this is controversial.

It has been argued that the rise in serum cholesterol caused by these drugs outweighs the benefits of treating hypertension resulting in no net gains in patient survival. Where a patient has a high serum cholesterol level greater than 7mmol/L, then the GP is best to avoid a thiazide.

Treatment with thiazide

diuretics is often associated with the appearance of secondary gout. This painful condition will cause the patient to refer back to the doctor or the pharmacist. The condition can appear within days of starting a thiazide diuretic and the GP will have little option but to change such patients onto an alternative diuretic and manage the inflammation.

Drug interactions

Diuretics as a drug class are involved in a number of interactions with other drug groups. Taken concomitantly with ACE inhibitors and antihypertensive agents (alpha-blockers and calcium channel blockers) they enhance the hypotensive effect. When taken in conjunction with NSAIDs (most notably indomethacin), oestrogens or a progestogen, there is an antagonism of the diuretic effect and a greater possibility of hypokalaemia with potassium-sparing diuretics.

When lithium salts are taken in combination with thiazide and loop diuretics, there are increased plasma lithium concentrations with the risk of toxicity.

The following drugs, when taken in combination with thiazides, increase the risk of hyperkalaemia: anti-arrhythmic agents, alpha-blockers, corticosteroids, sympathomimetics and the ulcer-healing drug carbenoxolone.

Inappropriate use

Diuretics are over-prescribed in the elderly. They are used at too high a dose, for too long and are often used for inappropriate indications, such as gravitational oedema, which usually responds to activity such as walking. Lack of monitoring in this age group results in the appearance of more side-effects and pharmacists play a useful role in being alert and referring to the GP where appropriate.

Diuretics are also used by women to relieve fluid retention often associated with hormonal changes in the menstrual cycle. Some women use diuretics in the misguided notion that they reduce weight. Pharmacists should be alert to this abuse and discourage it.

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Perfect partners

When a pharmacy and a GP surgery start working closely together, they start to see each other's strengths and weaknesses. **David Pruce**, audit development fellow at the RPSGB, uses a fictional scenario to illustrate how a multi-disciplinary team audit can lead to the perfect partnership

This story highlights what can happen when a GP practice and a pharmacy work closely together. It also shows that audit can help this process by showing each profession what the other does and is capable of. The story is not true, but is based on the experiences of many pharmacists in dealing with GP practices. Ted's experience as a patient is based on what countless patients, friends and relatives have told me of their dealings with the NHS.

Ted Smith is a pharmacy manager for a small multiple in Midchurch. He is married and has two young children, Charlotte and Matthew. Ted is approaching 40 years old (although he finds it difficult to believe this and is convinced that he has not changed at all since he was at university!). He has been fit and healthy all his life, but over the past few weeks Ted has been getting breathless and wheezy. He put it down to a nasty cold that is going around, but eventually went to see his GP in Littlepool where he lives (about five miles away from Midchurch).

Asthma diagnosis

Ted's GP tested his peak flow and took a fairly full history. He asked about any coughing which prompted Ted to realise that he has had a dry cough for a few weeks and that it is usually worse at night. The GP said that it could be intrinsic asthma which usually first affects people in their 30s to 40s. He made an appointment for Ted to see the local consultant in

two weeks' time and handed him a prescription for a salbutamol inhaler. As Ted was getting up to go, the doctor told him to go and see the nurse who would show him how to use the inhaler.

The diagnosis of asthma stunned Ted and he walked out to see the practice nurse in a bit of a daze. The nurse was busy and rather flustered, but sat down with Ted to explain how to use the inhaler. The explanation was hurried and Ted took little of it in. He was glad that he had been on the Centre for Pharmacy Postgraduate Education training course on asthma, where they tried out all the different types of inhalers, otherwise he would not have been able to use the inhaler properly. The nurse did not know that he was a pharmacist and he was too overcome by his diagnosis to explain to the nurse that he knew how to use it.

When he got out of the surgery, Ted realised that he had not asked any questions about his asthma and would have to wait until he saw the consultant at the hospital. Suddenly he knew what it felt like to be a patient and why they asked him so many questions about their condition and medication.



Since Ted had a couple of days off, he went to his local pharmacy to have his prescription dispensed. He was handed his inhaler by Sue, the pharmacist, who told him he should use it when required. Ted realised that the doctor had not told him when he should use it or how often. He opened his mouth to ask and realised that Sue would have no more idea than him.

The hospital visit

After two anxious weeks, Ted saw the consultant who told him that he probably had asthma and asked if he had any questions. This time he had prepared a list of things he wanted to know. The consultant asked how well the salbutamol inhaler was controlling the symptoms and how often he was using it. He decided that Ted should be on a Becotide inhaler as well and gave him a prescription to get dispensed at the hospital pharmacy. After a long wait, Ted collected the Becotide and was given some quite good instructions about using it, including the need to rinse his mouth out after use to prevent thrush.

In the patient's shoes

That evening after the children had gone to bed, Ted

reflected on his experiences as a patient. He had seen two doctors, a nurse and two pharmacists. Each had been unaware of the advice given him by the others and it seemed rather hit and miss.

He knew what he should have been told because of his CPPE course. However, he had only been told part of what he needed and sometimes what one person said contradicted what another one said. For example, the consultant said that you should allow a couple of minutes between using the salbutamol inhaler and the Becotide, whereas the hospital pharmacist said that it did not matter. If only everyone agreed on what patients needed to know and backed each other up by telling the same story.

The following day he met up with Bob Giles, a GP from the Midchurch practice. It was a GP/pharmacist liaison meeting run by the local health authority. Ted chatted to Bob over coffee and told him of his experience.

Bob was sympathetic and said that he wondered if their patients were having the same experience. They agreed to get together later that week and look at how they dealt with asthmatic patients.

At the GP practice

When Ted arrived to see Bob, he was surprised to see that the senior partner, the practice nurse and the practice manager were also

Table 1: Ted's audit of questions asked by patients

Patient's name	New or established asthmatic	Topic asked	Correct	Incorrect given	Advice given
A Khan	new	2,3	2	3	x
J Harris	established	3,4	4	3	x
M Jones	established	4,5	4,5	none	reinforced

Continued on PVIII ►

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CD 1

◀ Continued from PVI

there. Bob explained that the practice was concerned over Ted's experiences as a patient (even though he was not their patient). They wanted to ensure that none of their patients had a similar experience.

They decided to draw up guidelines on what each patient with asthma should be told and to check that the guidelines were being followed. The practice had some draft guidelines and wanted Ted's opinion, as both a pharmacist and a patient. Ted came up with a few suggestions which they willingly incorporated into the guidelines.

The guidelines included what the practice thought were the six most important things for an asthmatic to know and went into some detail.

The practice said that it would issue the guidelines to all the local pharmacists and would apply for funding from the Medical Audit Advisory Group to audit them. The practice said that it would include funding for Ted's time if he would help it with the audit.

The audit would check what advice was given to each newly-diagnosed asthmatic over the next two weeks as part of a trial. The doctors and the nurses would note whether they covered particular topics and would identify the new patients on the prescription by marking it with the letter A in the bottom left-hand corner. Ted would then note what he had covered.

Results of the audit

The results of the first audit showed that they were covering most of the topics on the list, but there were still some areas which were often omitted. Ted noticed that when he was giving patients advice that they had often not really understood what they had been told in the GP surgery. He pointed out to the practice how the news about his diagnosis had affected

Table 2: the Midchurch GP practice results sheet (trial audit)

Patient name	Inhaler technique	Reliever/-preventer	Side-effects	Peak flow meter use	What if peak flow drops	When to contact doctor	Notes
A Jones	✓	✓	✓	✓	✓	✓	
D Howard	✓	✓	✗	✓	✓	✓	advice given
A Patel	✓	✓	✗	✓	✓	✗	advice given

Ted's notes – trial audit

A Jones – Confused about difference between reliever and preventer

D Howard – Asked about side-effects and inhaler technique

A Patel – Unsure about side-effects

him and that he had not been able to remember everything he had been told.

Ted suggested that it might be better if he checked patients' understanding of the information that they had been given and reinforced it. He said that he did not have the time to go through the entire list with each patient, but he could go through two points at each visit.

He also suggested that he widen it to include other asthmatic patients from the practice. The practice nurse said that she checked each new patient's inhaler technique after a month. This was a relief for Ted because he knew that it was time-consuming work.

Proper audit begins

They decided to change the audit slightly and carry it out for a month. The doctors and nurses still noted down what they covered in their initial counselling. Ted, however, asked each patient about two aspects of what they had learnt in the GP surgery. He then reinforced the information that they had been given. Ted noted whether the patient had been able to give the correct answer to his questions and the advice he gave (Table 1).

He decided to vary the areas he covered in his questions to check whether there were some common aspects of advice that patients found harder to remember. The results were fed back to the practice at their next meeting.

The GP practice results mirrored those of the trial audit with most of the information on the list being covered. There were still some gaps, but the GPs were able to cover these at the next visit. The doctors found that the guidelines enabled them to plan out their consultation better and ensured that each patient was given the right information.

Ted's results

Ted's results were interesting because he found a lot of patients who were unable to take in all that was said to them by the doctors. Patients had forgotten what the doctor had told them by the time they reached him. He was much more confident of what he was advising the patient because he knew what the doctors had said to the patient. In fact, one or two of his patients were beginning to think that he must be psychic!

Ted also thought that some of the practice's long-standing

asthmatic patients had misunderstood what the doctor had told them all along. He had found one patient who was using the salbutamol inhaler twice a day regularly and the Becotide inhaler prn. The patient had said that the Becotide inhaler did not seem to be working too well, but that he kept going with it because the doctor had said how important it was to use it. He had been poorly-sighted and, although the labels always had the right information on them, he had not been able to read any of them.

They all agreed that it would be useful for all newly-diagnosed patients to be given a patient information leaflet covering all the points in the guidelines. This would reinforce the message given out by the team.

Ted volunteered to work with one of the doctors in the practice to design the information leaflet. The practice manager said that they would pay him for his time because they were a fundholding practice.

The outcome of the audit was that asthmatic patients served by the Midchurch pharmacy and GP practice became well aware of how to manage their asthma and consequently compliance with therapy was high.

Ted and the practice are working closely together and the practice is funding Ted's involvement. They intend to extend the guidelines to other areas of practice.

The practice guidelines

Patients ought to know:

- 1 How to use the inhaler device.
- 2 The difference between a reliever and preventer.
- 3 Warnings about possible side-effects.
- 4 Use of peak flow meters.
- 5 What to do if their peak flow reading drops.
- 6 When to contact the doctor.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D's* readers can self-test their progress by using the multiple choice question (MCQ) paper to be

inserted in the October 12 issue, which will cover this week's modules, together with those in the September 21 issue.

The MCQ paper for the August modules will be enclosed in next week's *C&D* covering:

- Indigestion I (26)

- STD (24)
- Cannabis (25).

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Consumer Pharmaceuticals

The new location and innovations at Chemex '96 proved popular with exhibitors and visitors alike. Over 100 companies took part in the exhibition at Olympia in west London, while pre-registration at a record level of 3,500 boosted attendance by 7 per cent on last year. A discount voucher booklet available on registration encouraged pharmacists to visit stands to take advantage of discounts, free gifts and competitions, and helped build the 'feel-good' factor widely commented on by exhibitors. For the first year, Chemex was host to a series of seminars and sponsored workshops covering topics as diverse as new technology in the vitamins, minerals and supplements market to Drug Tariff Tangents. Chemex '97 will be held at Olympia 2 on September 21 and 22, 1997, and the organisers say large numbers of companies have already announced their intention to be there

From Wembley to west London

First time around for Ahava UK

For the first time in its history, Ahava UK, a subsidiary of Dead Sea Laboratories, exhibited at Chemex, marking the company's launch into the pharmacy market.

On show was a selection of hair care, face care, foot care, hand care and body care products. Dead Sea mineral products are formulated to help bring relief to sufferers of skin conditions, like psoriasis and eczema, and also aid skin hydration.

The minerals are said to assist in stimulating and strengthening the body's natural process, keeping the skin fresh and healthy. Other ingredients in the products are desert plant extracts.

Visitors to the exhibition were able to take advantage of special offers on a range of products that up until recently had only been available in the professional beauty markets and some High Street department stores.

Ahava UK. Tel: 01452 864574.

BMA endorsement adds credibility

Staff at the Family Doctor Publications stand located in the NPA Village were taking orders for the latest production from the Family Doctor Series, *Understanding Feeding the Baby*.

The popularity of these titles continues to grow as consumers seek more knowledge on health. The endorsement by the British Medical Association gives the Family Doctor Series a unique advantage over similar books on the market.

Family Doctor Publications. Tel: 0181 780 5020.



Visitors to the Medisport stand on Sunday were able to see Gary Mabbutt, Tottenham Hotspurs football club's captain, in the flesh. Gary, pictured (centre) with the Milas Healthcare team, happily signed autographs and posed for photographs. Unfortunately, he was unable to impress the crowd with his football skills as he had broken his leg in an early-season match. The stand also featured Medisport's new CD-ROM version of its 'Getting Better Guide', which takes pharmacists through a whole range of sports injuries and offers advice on how to treat them. Milas Healthcare. Tel: 01730 231132.



John Richardson Computers is preparing to launch a patient-orientated programme for pharmacists, called Sunrise. The programme, previewed at Chemex '96, has been written for Windows 95 and is designed to enhance the 'care' pharmacists can offer their patients. Sunrise also carries new features, which include condition-based interactions, 'just in time' ordering and wholesaler head office functions. Sunrise will be launched at the beginning of next year. Existing JRC users will receive the software free, while new users will have to pay £350. "We're working with a number of major ethical drug manufacturers who are interested in this therapy facility, particularly as it will tell them how their drugs are working," says Simon Driver, JRC's deputy managing director (pictured above with Christine Suggate of JRC). JRC. Tel: 01772 323763.

New PMR system previewed

A new patient medication record system, written for Windows 95, was previewed at Chemex by Hadley Hutt. Pills Plus, the result of 18 months of research, is said to be easier to use than Hadley's established Pills programme. Pills has been available in DOS format for about ten years. Hadley says it took the opportunity to improve the programme when the Windows 95 software was introduced.

Pills Plus services include patient exemption records, prescriber notes, faster labels and faster home dispensing. It will ultimately provide access to various links within the NHS. The new programme will be available for rent in a three-year package costing \$235 per month.

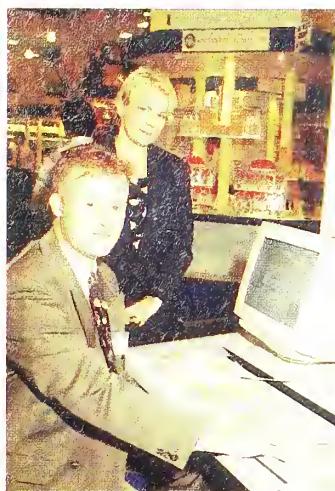
About 900 pharmacies currently use Pills. Anna Butler, Hadley's sales director, says initial reactions to Pills Plus have been very encouraging. "If the response at Chemex is anything to go by, I'm sure a fair number of Pills users will convert to Pills Plus," she says. Within the next six weeks, Pills Plus will be sent to six test sites and it is expected to be launched formally within the first quarter of next year.

Hadley Hutt Computing. Tel: 01905 795335.

Plucking good idea

G & D Harris displayed the new Trim Splinter Tweezer (\$2.99) in its range of manicure implements. It has needle points that help to remove splinters easily and hygienically and, says the company, is ideal for fine, short or ingrown hairs. It comes in a plastic storage tube.

G & D Harris. Tel: 0171 402 8764.



Bryony Jordan and Keith Riley of the Royal Pharmaceutical Society were on hand to give practical demonstrations of the latest electronic versions of the *British National Formulary* and *Martindale*

Rewarding excellence

Asian Trader magazine is gearing up for its second Pharmacist of the Year Award, which offers the winner £2,500.

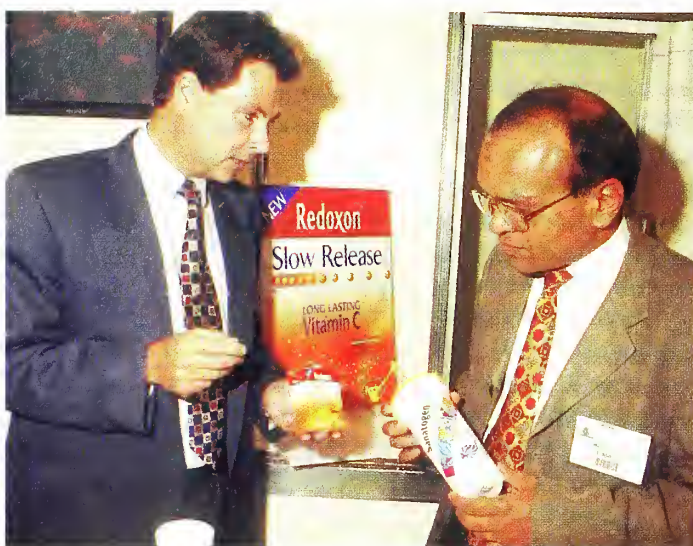
The award was first set up last year as a vehicle to promote retailing excellence in pharmacies. Paul Gray, *Asian Trader's* business development manager, says the overall standard of last year's entrants was generally high. "Some of them sent in videos and were really professional," he says.

Entry forms for this year's award, which is sponsored by Zeneca, were sent out about two weeks ago. The award will be held at the Savoy in London on November 13.

Asian Trader has been running retailer awards for eight years. These usually attract 3,000-4,000 entrants, 600-700 of which are pharmacists.



Panpharma launched a competition at the exhibition to find good business ideas for pharmacists. Visitors were encouraged to submit their ideas to the stand or to post them to the company. These will be collated and the best of them will be relayed to pharmacists who are members of the company's Countertalk scheme. The originator of the best idea will win a trip to New York. The winner will be announced in October. On hand to answer queries and take orders at the Panpharma stand were (left to right): Michaela Green, David Bryant and Laura Hamilton. Panpharma Ltd. Tel: 01494 766866.



The Roche Consumer Health stand proved popular at Chemex, with pharmacists seeking further information on the latest addition to the Redoxon range (Counterpoints, p320). Redoxon Slow Release is the first-ever vitamin C product which allows gradual release over eight hours. Tim Stanton of Roche (left) is pictured showing the new product to B Patel of Jacash. The new-look Redoxon range was also on show. Roche has completely relaunched it with new pack sizes and designs, new flavours and a reformulation of Redoxon Protector. Roche Consumer Health. Tel: 01707 366000.



Many visitors to Chemex were startled by the large pink sumo wrestler speaking 'Japanese'. The new winter remedy from Smithkline Beecham Consumer Healthcare, launched at Chemex (Counterpoints, p318), will be supported by a £1.8 million television advertising campaign, which will feature sumo wrestlers

End to odour

MS George had three new clean air products on the Miles Group stand (E7).

Neutradol Super Fresh is a new odour neutraliser formula from Tec Air Laboratories. The company claims that it is a hygienic, non-toxic product, which contains over 50 ingredients to attack bad odours, leaving fresh, clean air. It is suitable for home or office use.

The range is presented in a new counter display unit which contains: 12 x Neutradol Super Fresh Gel, six x Neutradol Super Fresh 300ml Aerosol and six x Neutradol Super Fresh Carpet Deodorizer in an 'exotic' herbeaceous fragrance. The unit is priced at £18.39 trade and retails at £34.56. Neutradol Super Fresh will be available in-store from mid-September.

MS George Ltd. Tel: 0181 332 2333.

Vidal Sassoon variants

Procter & Gamble used Chemex '96 to pre-sell its new Vidal Sassoon range of hair care products.

This includes Balanced, Extra Care and Extra Body shampoos and conditioners (250ml, £2.99); Intensive Moisturiser Cream (150ml, £3.99); Glosser Sachet (25ml, £0.99); Firm Hold and Extra Hold Mousse (150ml, £2.99); and Firm Hold, Extra Hold and Maximum Hold Hair-spray (250ml, £2.99).

Customers were able to take advantage of a special Chemex

offer – buy one of each shampoo and conditioner variant (six products in total) and receive a blue triangle-shaped cosmetic bag free.

The range will be available from mid-September. It will receive approximately \$7.8 million in campaign support, which includes advertising in women's magazines, TV coverage and consumer sampling.

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 01932 896000.



Pictured at the C&D seminar are (left to right): Larry Goodyear, lecturer in clinical pharmacy at King's College; Sheila Kelly, director of the Proprietary Association of Great Britain; Roger Odd, head of practice division at the Royal Pharmaceutical Society; and Claire Anderson, lecturer in community pharmacy at King's College

I can breathe clearly now ...

Viva, already known for electrical products such as the Aromatherapy Body Massager, has launched Breathe Clearly, its new plug-style vaporiser.

It works by releasing menthol, eucalyptus and other natural oils continuously for up to ten hours. The vaporiser is plugged into a socket and heats up within seconds to release oils in the pads. It is suitable for all the family, including children, and can be

used anywhere in the house or where it will help to promote a good night's sleep.

Each pack of Breathe Clearly costs \$5.99 and includes seven vaporiser pads. Refill packs, containing seven Breathe Clearly pads, cost \$2.45. Viva was offering customers a free aromatherapy vaporiser with all orders over \$50 at the show.

Viva Consumer Products Ltd. Tel: 01695 556262.

Collection 2000 revamp

One of the busiest stands on Level 1 was Collection 2000, with its wide range of cosmetics.

On stand was a collection of new products, including the company's limited edition range of Glitter Nail Polishes in nine shades and a cosmetic gift set for Christmas. The set (\$1.99) contains four items – two lipsticks, a nail polish, colour lash mascara and compact refill in three different colourways.

The company also showed off its repacked and reformulated range of Collection 2000 mascara lines – Colour Lash, Longer Lash and Cream Mascara now feature new pack graphics and include panthenol and keratin to condition and protect lashes.

The company revealed that it hopes to launch its new foundation at the end of October.

Collection 2000 Ltd. Tel: 01695 50078.

HEA support for folic acid

The Health Education Authority used Chemex as an opportunity to promote its folic acid campaign. New research has revealed that pharmacists are better informed and give more advice to customers about folic acid than other health professionals.

The HEA is now widening its campaign to target all women of childbearing age and it sees pharmacists playing a vital role in this. Its research found that pharmacists see, on average, more women of childbearing age than any other health professional group. They see twice as many as family planning nurses and two and a half times more than GPs. Pharmacists' awareness of folic acid was greater than for any other health professional group.

The HEA is keen to hear from any pharmacists who have been successful in promoting folic acid. Tel: 0171 413 2025.

The introduction of a discount voucher booklet this year proved very popular with visitors and exhibitors alike. Patricia Crawford is pictured redeeming her voucher from Brian Bussey of Allergan to receive her free sample bag, worth over £15. Visitors to the company's stand could join Allergan Direct, entitling them to increased discounts and service



It was a busy Chemex for Brand Managers, which was launching a wide range of new products. Trevor Sorbie, pictured above with Graeme Riddick of Brand Managers, was on hand to answer hair care questions and introduce his award-winning Professional Hair Care System. Previously only available in Boots the Chemists, the comprehensive range is now available to independents. Other new launches on the day included the new Tea Tree skin care range, new Hawaiian Tropic products, new fragrances in the I Coloniali range and new Aussie Hair lines. Brand Managers Ltd. Tel: 0181 286 6688.



Allergycare, exhibiting at Chemex for the first time, has traditionally been found in health food stores, but the sheer demand by pharmacists has prompted the company to seek more outlets. The main thrust of its business is testing for food intolerance and the 30 testers currently operate in 700 outlets nationwide, including pharmacies, health food stores and GP practices. Keith Butcher of Allergycare attributes the growing interest of pharmacists to increasing competition from other sectors. Allergycare has also developed products such as soya milks and gluten-free products to meet the needs of allergy sufferers. Allergycare. Tel: 01823 325023.

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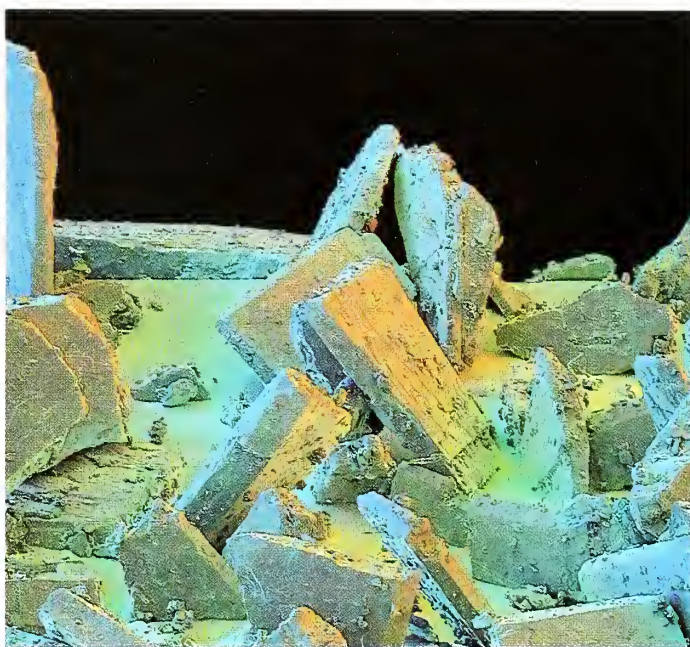
Dietary antioxidants: protectors of human health

Professor Catherine Rice-Evans, director of the Free Radical Research Group, United Medical and Dental Schools, Guy's Hospital, examines the therapeutic role of antioxidant vitamins

Free radicals are implicated in the development of a number of chronic conditions, and the degenerative diseases of ageing, such as cancer, cardiovascular disease, cataracts and brain dysfunction, have been found, in good part, to have an oxidative association.

These findings have prompted investigations into the disease prevention potential of the antioxidant vitamins C, E and beta-carotene, and considerable evidence has built up to support the notion that dietary antioxidants play a role in minimising such damage. Antioxidants are considered to exert their effects by attenuating oxidative events that contribute to the pathophysiology of these diseases.

In the normal course of events, cells and tissues have adequate antioxidant defences, both intracellularly and extra-cellularly, to ensure the removal of free radicals. But the body may be ex-



Scanning Electron Micrograph of crystals of ascorbic acid – vitamin C

posed to oxidative stress, either through excess free radical exposure from the environment or excess endogenous production of free radicals accompanying disease states.

Environmental and external sources of free radicals include radiation, smoking and other pollutants, hyperoxia, trauma, certain drugs and toxins, and ultrasound.

There are two classes of antioxidants whose actions are relevant *in vivo*. There are those which are

synthesised and controlled endogenously, such as enzymes, proteins and certain by-products of metabolism. (As certain essential minerals, such as selenium, copper, manganese, zinc and iron, are components of some of these protective systems, mineral deficiencies, especially that of selenium, might hamper the body's enzymic defences.)

Secondly, there are the antioxidants provided from dietary sources, namely the antioxidant



Professor Catherine Rice-Evans

nutrients: vitamins E, C, beta-carotene and other dietary antioxidants (lycophene and other minor carotenoids).

Recent reports have also highlighted the additional potential role of the polyphenolic antioxidants and flavanoids, constituents of fruits, vegetables, grains and certain beverages, particularly tea and red wine, as contributors to dietary antioxidant intake.

Considerable evidence has accumulated pointing to vitamins C and E having a role in the maintenance of health and protection from coronary heart disease and certain cancers.

Insufficient fruit and vegetable consumption increases the rate of most types of cancer about twofold, according to about 200

epidemiological studies, whose findings are remarkably consistent on this.

The British diet is typically low in fruit and vegetables, and this is considered to be a contributory factor to the high incidence of coronary heart disease and some cancers.

As a result of these findings, fruit and vegetables which contain these antioxidants are taking a prominent place in contemporary recommendations to promote good health and prevent disease. An optimum status of essential antioxidants should contribute to reduced risk and be a prerequisite for optimal health.

The World Health Organisation has advised the intake of at least 500g/day of mixed fresh fruit and vegetables – a recommendation which has been endorsed by Government agencies and which translates into at least five servings (helpings) a day.

Diets rich in vitamins E and C are particularly important in protection against heart disease. However, the levels of intake of vitamin E so far shown to be maximally protective are not attainable through diet alone.

Plasma levels of antioxidant nutrients measured in a variety of studies have consistently revealed a higher risk of both cardiovascular disease and cancer in relation to those associated with minimal risk.

Cardiovascular disease

Evidence suggests that the presence of vitamins C, E and beta-carotene in the blood may have a protective role against cardiovascular disease. Many recent studies have shown an inverse correlation between vitamin E levels in the blood and risk of mortality from coronary heart disease, and in several instances for beta-carotene, as well as vitamin C and stroke.

The WHO European cross-cultural epidemiological study¹ showed an inverse correlation between diet-derived plasma vitamin E levels and mortality from ischaemic heart disease in 100 apparently healthy males aged 10–19 years from each of 16 different population groups. Twelve of the groups had a common plasma cholesterol level (5.7–6.2mM) and the same blood pressure.

The results also reveal the 'ischaemic heart disease slope' across Europe – those in southern Europe having higher blood vitamin E levels and lower mortality from ischaemic heart disease compared to northern Europeans, with lower vitamin E levels in the blood and higher mortalities. Median levels of vitamin E were 28µm in Spain (highest) and 19.5µm in Edinburgh (lowest).

A Scottish study of a heavy smoking population² investigated



The WHO advises an intake of 500g of fresh fruit and vegetables per day

relationships between plasma concentrations of vitamins C, E and beta-carotene, and the risk of angina pectoris.

This study of 6,000 males aged 35–54 found that vitamin E levels in 110 angina patients and 394 controls were inversely related to the risk of angina, after adjustment for age, smoking, blood pressure, lipids and relative weight. The relationship with plasma beta-carotene declined, and that with vitamin C disappeared after adjustment for smoking.

The Scottish Heart Study, reported in 1991, revealed that 17 per cent of males with the highest mortality of CHD (age group 40–59) ate no green vegetables and 30 per cent ate no fruit. The results suggested that high-risk populations might benefit from eating diets rich in antioxidants.

Studies on hypertensive patients have shown that those with uncontrolled and controlled hypertension have lower blood vitamin C levels than control normotensives. A 1991 study of 65,000 subjects from 65 countries showed that blood levels of beta-carotene and vitamin C were inversely related to the mortality rate for CHD, with the relationship of low vitamin C levels with stroke being particularly significant.

It was reported last year in the UK that vitamin C status in the elderly was a strong predictor of death from stroke. The 20-year survival of 730 men and women who had taken part in the DHSS's nutritional survey in 1973 was followed. The subjects had originally no history of stroke, arteriosclerosis or CHD.

During follow-up there were 634 deaths, of which 124 were due to stroke. Both plasma vitamin C levels and dietary vitamin C intake were inversely related to death from stroke.

More recent studies reveal that it is becoming possible to sug-

gest the intake of antioxidant nutrients associated with the low subsequent incidence of disease.

A good example is the US Health Professionals study. This included self-supplementing groups, and the results showed that supplementation with >100iu of vitamin E each day for at least two years gave an approximate 40 per cent reduction in the risk of CHD.

This is an important study because the levels associated with these intakes would not be achieved from diet alone.

Oxidation of lipids

Antioxidants prevent oxidation of lipids, DNA and proteins in the body caused by free radicals.

Oxidation of the cholesterol-carrying molecules (low density lipoproteins) in the blood are involved in the development of CHD. An important initial step in atherosclerosis and the narrowing of the arterial lumen is the sub-endothelial transformation of LDL into oxidatively-modified LDL.

The latter apparently results in unregulated lipid accumulation in monocyte-derived macrophages, forming foam cells that become visible as the fatty streak.

Cancer

Antioxidants can inhibit cancer by:

- scavenging oxygen/nitrogen free radicals (especially vitamin C)
- up-regulating body antioxidant defences
- inducing enzymes that metabolise carcinogens
- restoring cell-cell communication (for example, carotenoids)
- other mechanisms (for example, anti-angiogenesis).

There is good evidence linking a high intake of carotenoid-containing fresh fruit and vegetables with a lower incidence of certain cancers³, in particular linking

Advantages of vitamin C

Dosing up with vitamin C is a useful therapeutic measure in a number of clinical conditions – asthenia, convalescence, stress, various infectious diseases and so on – even if there is no pronounced deficiency. This is why there are several high-dose (0.5–1g) formulations available.

But they all share the property of being rapidly absorbed and eliminated, which is not conducive to complete utilisation of the ingested vitamin.

In theory, giving vitamin C in a sustained release form, ensuring a uniform 'leaching' into the tissues, should produce comparable therapeutic effects with lower total dosages over a 24-hour period.

This theory has been put to the test by researchers in Italy, and applied by Roche Consumer Health in its new Redoxon Slow Release (**Counterpoints**, p318).

In the study, volunteers were each dosed daily with vitamin C in three different forms:

- vitamin C 1g in immediate release form
- two capsules vitamin C 500mg in a sustained release formulation
- four tablets of vitamin C 250mg at two hourly intervals.

The results highlighted the advantages of a sustained release formulation. The untimed 1g dose produced the greatest immediate increase in ascorbaemia, but it lasted little more than an hour.

Furthermore, the initial peak is followed by a prolonged fall to below pre-treatment levels, probably due to compensatory hyperstimulation of ascorbic acid catabolism induced by the abrupt initial overdosage.

The 250mg dose taken at two hourly intervals produced a less dramatic but more sustained increase, lasting from six to eight hours, but few patients are likely to comply with such a regime.

The average increase of ascorbaemia obtained over a 12-hour period with a single untimed dose of 1g is only 11.6 per cent (if the increase obtained with the sustained release regime is assumed to be 100), and no more than 15.5 per cent with the multiple-dose regime.

With a single massive dose, the average increase in ascorbaemia is only statistically significant for up to two hours. A statistically significant increase is not seen with the frequent low-dose schedule. However, the sustained release formulations shows a consistent and significant increase in average ascorbaemia.

The researchers conclude that vitamin C in sustained release form affords greater bioavailability and utilisation than conventional untimed preparations.

Continued on P330 ►

Table 1: fruit and vegetables in protection against some cancers

Epithelial	Fraction of studies showing a protective effect
Lung	24/25
Oral	9/9
Larynx	4/4
Oesophagus	15/16
Stomach	17/19
Pancreas	9/11
Cervix	7/8
Bladder	3/5
Colorectal	20/35
Miscellaneous	6/8
Hormone-dependent	
Breast	8/14
Ovary/endometrium	3/4
Prostate	4/14

◀ Continued from P329

poor plasma beta-carotene levels with the incidence of lung cancer and poor plasma ascorbate with gastro-intestinal cancers.

Studies have indicated that poor beta-carotene status may also be associated with the risk of developing cancer at other sites. However, it is not clear whether this is an antioxidant response. Less is known for vitamin E and cancer.

Out of 200 studies, the relationship between cancer risk and fruit and vegetable intake is exceptionally strong and consistent (see Table 1 above).

The evidence is strong for cancer sites in respiratory and upper digestive tracts and substantial for other sites. The effect is not only statistically significant – it is also clinically significant.

In general, people with low dietary intakes of fruit and vegetables have double the risk of cancer seen in those with high intakes of these foods. Few other risk factors except cigarette smoking (and alcohol intake for certain cancers) confer risks of this magnitude. However, the evidence is weak for hormonal, breast, prostate, cervix and certain other cancers.

A consistent epidemiological finding has been the association between higher intakes of vitamin C and a reduction in the risk of stomach cancer. Ascorbic acid is secreted into gastric juice in concentrations which often exceed those in plasma. And a major effect which could also be the basis of protection is its ability to inhibit nitrosamine formation. Nitrosamines are pro-carcinogens occurring in food. They can be formed *in vivo* by the reaction of nitrite with other dietary or endogenous amines or amides.

Smoking and vitamin C

Smoking has a dramatic influence on vitamin C levels. Cigarette smokers have lower blood vitamin C levels than non-smokers. Cigarette smoke contains an abundance of oxidants and pro-oxidants which stress the antioxidant defence systems of the body.

Smoking increases the turnover of vitamin C. A recent study ascertained that smokers would need to absorb 150mg/day to achieve the same blood levels as non-smokers who consumed 60mg/day. Smokers therefore require regular supplementation with vitamin C.

However, high single-supplement intake of vitamin C does not extend its efficacy since excess vitamin is eliminated rapidly and is excreted in the

Decreased cancer risk:

Beta-carotene > vitamin C > vitamin E

Decreased coronary heart disease risk:

Vitamin E > beta-carotene > vitamin C

urine. Slow-release vitamin C supplements enhance the efficacy by extending the life-time of the antioxidant in the blood.

Conclusions

Many epidemiological studies have led to the assumption that diets rich in vegetables and fruit are associated with higher life expectancy and it may be the antioxidants present in such foods which are of principal importance for the benefits of the vegetable-rich diet.

Extended dietary surveys in the US have revealed that the calculated dietary intake of essential antioxidants, such as vitamins C and E and beta-carotene, is inversely related to the risk of ischaemic heart disease and certain forms of cancer.

Plasma concentrations of diet-derived antioxidants have revealed inverse correlations with cancer incidence and cardiovascular disease, although with a different rank order of antioxidants.

References available on request.

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'Feel-good' factor growing

Some economic pundits and all Conservatives say the 'feel-good' factor is here at last. The latest research suggests that they might be right. Consumer spending is set to expand by around 3 per cent this year, and by a further 4 per cent next year. This will help push the overall economic growth rate up from 2 per cent to just over 3 per cent in 1997, says the Confederation of British Industry.

Consumers have become more optimistic about their spending and saving plans, their household finances, and about the economic situation, according to a survey by the consultancy Business Strategies.

This shows that people's views have consolidated over the last few months, and that they are more confident now than at any time since 1988.

On a macro-economic level, as the Government's economic pol-

icy looks set to deliver the golden scenario of strong growth with low inflation, it should not need to increase interest rates until after the next general election, according to the CBI. It adds that unemployment should dip just below 2 million by the end of next year. A tightening labour market will add modest pressure to earnings growth - 4.2 per cent higher at the end of this year compared with the same time last year, and up 4.5 per cent by the end of 1997.

But all these factors will not create an economic boom. David Fell, director of Business Strategies, warns against expecting an explosion in demand: "This is not a return to the High Street boom and rocketing house prices of the late 1980s," he says.

With accelerating consumer spending, the possibility of a giveaway budget in November is receding. Kate Barker, the CBI's chief economic adviser, warns

PRICES AND COSTS

Retail prices (Jan 1987 = 100)

	Latest	% change on previous period	% change on previous 3 periods	% change on year
All items	Jul	-0.4	0.1	2.2
Chemists' goods	Jul	0.6	0.6	4.5

Producer prices (1990 = 100)

Manufacturing industry, excl food	Jul	-0.1	-0.3	1.5
Chemical industry	Jul	-0.1	-0.5	0.4
Pharmaceuticals	Jul	-0.2	0.2	1.4
Perfumes and toilet preps	Jul	0.5	0.2	5.6
Lip and eye make-up preparations	Jul	0.0	0.0	10.0
Dental and oral hygiene preps	Jul	0.0	0.0	3.4
Shaving preps, deodorants	Jul	1.8	0.1	4.4
Adhesive dressings	Jul	0.0	0.2	2.7

Average earnings (Jul 1990 = 100)

Whole economy	Dec	0.4	-3.0	3.7
Chemicals, chemical products	Dec	1.3	-8.7	3.6

OUTPUT (1990 = 100)

Chemicals, man-made fibres	Q2	1.1	2.0	2.5
Pharmaceutical products	Q2	-1.9	3.0	3.0
Perfumes, cosmetics, toiletries	Q2	5.0	-0.8	3.6

SALES

Consumer expenditure (current prices)

Total, £bn	Q1	0.9	1.6	2.4
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Retail sales (value, 1990 = 100)

All retail businesses	Jul	0.8	2.8	5.6
Chemists	May	-0.8	3.2	-3

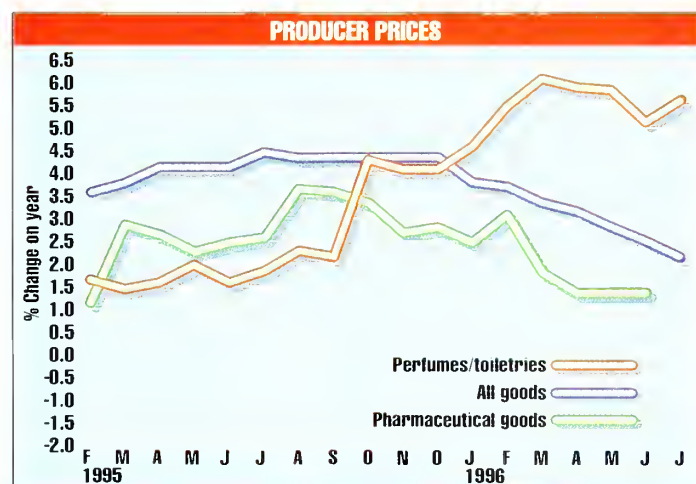
OTHER BUSINESS INDICATORS

Consumer credit - net lending (£m)	Jun	-8.0	-9.4	-0.6
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Unfilled vacancies ('000)	Jul	5.3	16.9	27.4
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Claimant unemployment (%)	Jul	-1.1	-2.6	-8.0
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Sources: Central Statistical Office, Department of Employment



that "modestly lower personal taxation will be more than offset by cuts in Government spending".

A slowdown was evident in shops during July. Official estimates indicate that retail sales volumes were down 0.6 per cent on the month, although this largely reflects the strength of June sales. The upward trend continues, with a 2.7 per cent increase between the three months of May to July, compared with the same period last year.

The value of retail sales of pharmaceutical, medical, cosmetic and toilet goods slipped in May (the latest month for which figures are available) to a level 3 per cent lower than 12 months earlier. There was a 3 per cent year on year increase during April.

However, CBI survey results suggest that pharmacists' sales continued to improve during

July. The British Retail Consortium reports that July was "a satisfactory month for healthcare products, including vitamins, with good increases on last year". Sales of cosmetics and fragrances were generally buoyant, but demand for basic toiletries "was less exciting".

On the flip side, pharmacists face increasing pressure on margins: their goods' retail prices grew by an average of 4.5 per cent during July, while there was an officially estimated rise of 5.6 per cent in perfume and toiletry manufacturers' prices.

In contrast with most manufacturing sectors, where output slipped by an average of 0.5 per cent in the year to June, the production of perfumes, cosmetics and toiletries rose 3.6 per cent and the output of pharmaceutical products grew 3 per cent.



Medihealth bids for Lloyds' depots

Medihealth, the short-line wholesaler, has placed a bid for all the Lloyds' wholesale depots that Unichem and Gehe are seeking to sell.

The depots are at Cambridge, Carlisle, Coulsdon, Derby, Glasgow, York and Belfast.

Medihealth would not discuss the value of its bid, but *C&D* understands that the company does not believe the depots are worth much. Lloyds' business would probably be more valuable without the depots, according to one source.

The wholesaler's move should not surprise those who have been following its activity. Mike Retter, Medihealth's chief executive, has said that his company wants to become a major player in the UK market. Unlike most short-line wholesalers, Medihealth already operates nationally, with its own sales force. It claims to have 3,000 pharmacy customers and is seeking to cover all 9,127 independents (*C&D* July 27, p126).

● The Department of Trade and Industry this week dismissed a

press report that claimed it had told Lloyds Chemists' prospective bidders, Unichem and Gehe, that it would take at least three weeks to decide whether it was satisfied with a list of depot buyers it had apparently received from Lloyds.

A DTI spokesperson says it always aims to make a decision about prospective bidders as soon as possible: "We do not like to keep them waiting on tenterhooks, but we would never tell them when to expect an announcement."



Mike Retter wants Lloyds' depots

Cortecs' positive trial

Cortecs International, which specialises in oral drug delivery systems, has made positive progress on the development of an oral form of insulin. It says its preliminary trial was encouraging, but the oral insulin formulation was inserted via a tube in the volunteers' small intestines. The company will now use tablets in further studies.

S&N buys splint firm

Smith & Nephew has acquired the fracture splinting business of Parker Medical Associates, based in the US, for a cash consideration of £28 million.

New waste regulations

Anyone disposing of potentially hazardous photographic processing chemicals has to comply with new Government regulations introduced this week. Special Waste Regulations 1996 replace the existing regulations and include photographic processing chemicals for the first time. The regulations will be enforced by the Environment Agency in England and Wales, and by the Scottish Environment Protection Agency in Scotland.

Information disc

Thornton and Ross has developed a 'care computer disc', which gives pharmacists all the information they need about the Chemicals (Hazard Information and Packaging for Supply) Regulations 1994. The disc also has listings on number of products, including licensed medicines and pharmaceutical ingredients. Pharmacists who are Thornton's clients will be sent a free copy of the disc. Others can buy it. Contact Bob Mayo, customer services manager, 01484 842217.

Drug sales bolster Sandoz results

Sandoz has praised its pharmaceutical division's "dynamic" performance as its net income rose 12 per cent to Swiss Fr1,241 million for the first half of the year.

These results are expected to be the last before the planned merger of Sandoz and Ciba is formally ratified by the US Federal Trade Commission. The merger, which will create a new company called Novartis, has already been approved by the European Union.

Sandoz's divestments over the past year meant that its sales during the first half – Swiss Fr7,871m – were lower than those of the same period last year. Excluding the divestments, the first half's sales were up 7 per cent in Swiss francs, according to the company.

While the overall results were reportedly below expectations, the pharmaceutical division appeared beyond reproach. Its first

half sales leapt 10 per cent to Swiss Fr3,852m and it increased its share of Sandoz's sales by nine percentage points to 49 per cent.

Pharmaceutical margins rose one percentage point to 25.6 per cent, due to strong volume growth of key products and effective cost control measures.

Sales of the firm's best-selling drugs, Sandimmun and Neoral, which treat transplants, rheumatoid arthritis and psoriasis, rose 14 per cent. Lamisil, for fungal infections, increased its sales by 29 per cent. The company says Lamisil was successfully launched in the US in tablet form to complement the established cream formulation.

Lescol, a lipid-lowering agent, saw a 104 per cent rise in sales, while the turnover of Miacalcin (osteoporosis treatment) grew 21 per cent and that of Clozaril/Lep-

onex (schizophrenia treatment) increased by 19 per cent.

Meanwhile, Sandoz says it achieved seasonally good growth rates for its OTC products.

One of the group's subsidiaries, Gerber, strengthened its leading position in the US infant and baby nutrition market.

Ciba reportedly saw a 6 per cent rise in its pharmaceutical sales to Swiss Fr2,960m. Sales of its relatively new products, such as the cancer drugs Aredia and Lenteron, and Foradil (an anti-asthmatic), more than doubled.

● Sandoz and Ciba will sell some of their US crop protection and animal health businesses to encourage the FTC to approve their planned merger. Under the current set-up, Novartis would be the top world crop protection company and number two in the seeds and animal health markets.

Boehringer invests \$10m in Cambridge Neuroscience

Boehringer Ingelheim is buying more than 1.2 million Cambridge NeuroScience shares worth \$10 million.

The transaction is expected to be completed soon and will give Boehringer a 17 per cent stake in CN, which specialises in developing proprietary pharmaceuticals to treat nervous disorders.

Last year, Boehringer and CN agreed to collaborate to develop Cerestat, a drug designed to treat stroke and traumatic brain injuries. The companies say that more than 450 patients and volunteers have participated in the

drug's trials over the past three years.

● Boehringer has also signed a \$41.6m research agreement with Ontogen, a California-based company that develops software for chemical-based drug discovery. Under the four-year agreement, both companies will collaborate to develop new automated hard and software for the high-speed synthesis and purification of diverse chemical compounds, used in drug discovery activities. Boehringer will have exclusive rights to certain technologies that the collaboration produces.

British Biotech appoints international operations supremo

British Biotechnology is looking to expand its presence abroad with the appointment of Dr Pam Kirby as its director of international operations.

Dr Kirby, who will join the company next month, is expected to establish and build worldwide sales – North America excepted – for its cancer and acute care treatments.

She is currently Astra's vice president for strategy, marketing and business development, and she also has regional responsibility for the UK, Ireland, Australia and New Zealand.

COMING EVENTS

MONDAY, SEPTEMBER 9

Southampton & District Branch, RPSGB

Visit to the George Gale & Co Brewery at Hordean, 7.30pm prompt.

TUESDAY, SEPTEMBER, 10

South Lincolnshire Branch, RPSGB
Quiz night at the Red Lion, Newton, 7.30pm onwards. For further information, tel: Kate Ward on 01775 820343.

WEDNESDAY, SEPTEMBER 11

Wirral Branch RPSGB

Joint meeting with Birkenhead and Wirral Pharmacists' Association at the Post Graduate Medical Centre, Clatterbridge Hospital, Wirral, 7.30 for 8.00pm.

ADVANCE INFORMATION

The College of Pharmacy Practice is organising a workshop on 'Continuing professional development portfolio and membership practice' at the British Pharmaceutical Conference on September 10. The Graham Hills Building at Strathclyde University between 2.00 and 2.50pm, and 3.15 and 1.15pm. Contact Hilary Cameron on 01203 692400. The International Conference on primary healthcare-led purchasing will be held on September 16-17 at the QEII Conference Centre. Further information can be obtained from the event organiser, Sterling Events, tel: 0151 709 8979.

The 'Pharmacists can make a difference' conference will be held on September 25 at the Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1. The conference, organised by community pharmacists with help from the Primary Care Support Force and the RPSGB, will include purchasing, domiciliary pharmacy, mental health and workshops looking at distinct pharmacy services in four London boroughs. Contact Lynne Macintosh at PCSF for further details, tel: 0171 725 2770.

The Society of Medicines Research is holding a symposium - 'Trends in medicinal chemistry' - on September 26 at Charing Cross & Westminster Medical School, London W6. Details from SMR Secretariat, tel: 0171 581 8333.

The British Institute of Regulatory Affairs is holding the following meetings: September 24-26 to be held in Cardiff - 'Diploma in regulatory affairs, Module 1. Management of regulatory affairs and strategic planning'; October 1 in London - 'Training day: marketing authorisation variations'; October 7 and 8 in Surrey - 'Effective negotiation for the right marketing authorisation'; October 10 in London - 'Biotech workshop: protein characterisation'. For further information, call Sue Stevens, tel: 0171 538 9502.

Core brands benefit Reckitt & Colman

Reckitt & Colman's pre-tax profits rose 10 per cent to \$165 million on a turnover of \$1.159m for the first half of the year.

The company says its overall sales growth was not as high as it wanted - the first half's turnover was up 4.1 per cent on that of the same period last year. However, it says its decision to concentrate on its leading pharmaceutical

and household brands is yielding some benefits.

R&C's pharmaceutical sales rose 8.5 per cent to \$123.1m - in Europe they grew 6.6 per cent.

Operating margins increased from 15.8 per cent last year to 16.5 per cent.

Meanwhile, R&C expects to complete the integration of L&F

Products this year ahead of schedule. It acquired L&F, a US household products business, in 1991.

The company also succeeded in divesting businesses worth \$132m within two years, a year ahead of its target.

R&C increased its interim dividend by 8.2 per cent to 7.95p per ordinary share.

Norton rolls out new Advantage credit scheme

Norton Healthcare is rolling out a new membership card scheme, called Norton Advantage, to increase sales of its generic drugs.

While Norton Advantage currently involves only orders placed direct to the company, it hopes AAH and Unichem will be involved in the scheme within the next two months.

Their co-operation should enable Norton Advantage members to order generics daily, instead of placing stock orders. Pharmacists will therefore be able to reduce their stockholdings and overcome the problems of storage space that the move of generics into OPD threatens to cause.

Nigel Fox, Norton's communications director, says Norton Advantage members need no longer waste valuable time shopping around to get the best prices for products at the expense of service and continuity.

"Over time, business partnerships with wholesalers will be formed and the pharmacist will then have the benefit of purchasing all his generic requirements from his favourite wholesaler with the convenience of regular deliveries and 'one-stop shopping', and the benefit of Norton Advantage credits," he says.

Pharmacists pay \$35 to become members of the scheme, which entitles them to a 10 per cent discount on the company's products.

They are then awarded credits against their purchase, so that it equates to the same price that pharmacists would have paid for the product at current market prices.

Because the discount is not product-specific, pharmacists can redeem their Norton Advantage credits, in part or whole, against Norton Healthcare's range of more than 350 products, including the Baker Norton range of branded products, or other goods and services. The company says the pharmacist is free to choose how and when he converts his discount.

The company, which claims a market-leading 10 per cent share of generic sales, has spent more than \$1 million over two years to establish the system, which it believes will help counter the gradual erosion of pharmacists' profits.

David Boothe, product manager at Norton's marketing department, says the company wants to stop pharmacists' fixation on generic prices. "The only way to stop the erosion of profits is to persuade pharmacists to look at something other than cost," he says. "We want pharmacists to stop buying drugs on price alone."

"Advantage plans to offer pharmacists a good price on drugs without altering their Tariff price," he adds.

So far, 2,000 pharmacists have joined the scheme and Norton aims to recruit another 3,000 by the end of the year.

The company actively promoted the scheme at Chemex '96 and says it was delighted with the response. It recruited 87 new members at the show and took a number of orders from existing members.



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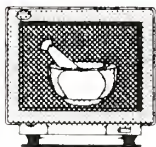
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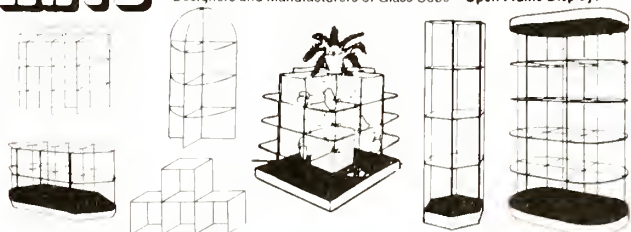
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Pharmacy's new champion?



Community pharmacy has a new champion to fight for the cause. Neil Scott of Amesbury, Wiltshire (left), will be using in-line roller skates and a hockey stick to promote the community pharmacist at every opportunity.

Not an immediate connection, you may think, but Neil (not a pharmacist), who is the assistant captain of the Great Britain in-line hockey squad, is eager to use the sport to promote the profession. He will be taking pharmacy posters to Italy next month when the squad plays in the world championships. Neil says he will also be wearing the Young Pharmacists' Group logo on his kit.

His desire to spread the pharmaceutical word stems from reading about the struggle YPG secretary Sultan Dajani was having in opening a pharmacy in the village of Durrington.

"All credit to Sid (Sultan) for getting the publicity," says Neil.

"I feel very strongly for pharmacists, who take a back seat compared to the medics." He has spent a lot of time talking to Sultan and feels quite strongly about the plight of pharmacists. He is also well briefed on the Resale Price Maintenance debate.

Neil has contacted the national press and a satellite television company to let them know he will be supporting pharmacy at the championships. "I am not going to ram pharmacy down people's throats, but I have the background knowledge to explain more. People will see the posters and will ask questions."

Neil hopes to attend the Sydney Olympics, with in-line hockey being included as a demonstration sport. However, his worth in promoting pharmacy this summer has been picked up by the Community Pharmacists' Action Group, which will give him its support.

Beep, beep!



Sundays will be busy for pharmacist William Pennick from now on. He will have the pleasure of washing a brand-new limited edition Vauxhall Tigra on his day off.

Mr Pennick, of Risedale Pharmacy in Barrow-in-Furness, Cumbria, won the car in Unichem's 'Greatest Ever Promotion' in partnership with 12 major suppliers.

The company's customers were entered into a prize draw run by each of the suppliers. Customers were also entered into Unichem's big draw. Mr Pennick was the lucky overall winner.

Bowled over by success

An award made to a south London company and a game of cricket has caused upwards of \$30,000 to be raised for three children's charities.

To celebrate achieving the Investors in People National Standard, Goldshield Healthcare of Croydon decided to organise a one-day charity cricket match last month. A charity auction and a raffle has also helped to swell the coffers.

The company hoped to raise \$10,000 for the NSPCC, Great Ormond Street Hospital and Help

a London Child, but money is still coming in, with the total so far passing the \$30,000 mark.

Among the 1,000 spectators watching the West Indies beat India in the one-day match was writer and TV presenter Barry Took. He was on hand to present the award to Goldshield's managing director, Ajit Patel (see photograph).

The Investors in People Standard was awarded for the success the company has seen by investing in the training and development of its staff. Mr Patel says the support given by Solotec (South London Training and Enterprise Council) has been "tremendous".

Solotec has responsibility for meeting the training and enterprise needs of people and businesses in several south London boroughs.



Receiving the fringe benefits

A play explaining the mysteries of a ladies' toilet has received favourable reviews.

'The Ladies', co-written by and starring pharmacist Rebecca Neal (right), has just finished a two-week run at the Edinburgh Fringe (C&D August 17).

A review in *The Stage* said the play was "a small scale show of notable quality". *The Scotsman* singled out Rebecca's performance, giving the play a four-star rating.

So if you want to know why



women go to the toilet in pairs, ask a pharmacist – preferably Rebecca.

Mary Whitechurch of Buckskin Pharmacy, Basingstoke, was the winner of the preregistration prize draw at Chemex last weekend. Mary and her pharmacist husband, Richard, had been talking of buying a new computer to replace an ancient Amstrad, so their prize of £1,400 of hardware was more than welcome. Mary is seen here with her son, Richard, receiving the prize from exhibition manager Rebecca Start (second left), watched by C&D editor Patrick Grice (left)



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